

## **National Electronic Data Interchange Transaction Set Implementation Guide**

# **Health Care Service Data Reporting**

# **837**

**ASC X12N 837 (004040X156)**

*April 2002 • Rough Draft 4*

**\$???.00 - Bound Document**

**\$35.00 - Portable Document (PDF) on Diskette**

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## IMPLEMENTATION

# 837 Health Care Claim: Reporting

**Table 1 - Header**

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
10	0050	ST	Transaction Set Header	R	1	
11	0100	BHT	Beginning of Hierarchical Transaction	R	1	
14	0150	REF	Transmission Type Identification	R	1	
LOOP ID - 1000A SUBMITTER NAME						1
16	0200	NM1	Submitter Name	R	1	
19	0150	REF	Submitter Secondary Identification	S	1	
21	0450	PER	Submitter EDI Contact Information	R	1	
LOOP ID - 1000B RECEIVER NAME						1
25	0200	NM1	Receiver Name	R	1	

**Table 2 - Service Provider Detail**

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000A SERVICE PROVIDER HIERARCHICAL LEVEL						>1
27	0010	HL	Service Provider Hierarchical Level	R	1	
LOOP ID - 2010AA SERVICE PROVIDER NAME						1
29	0150	NM1	Service Provider Name	R	1	
32	0350	REF	Service Provider Secondary Identification	S	8	

**Table 2 - Subscriber Detail**

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
LOOP ID - 2000B SUBSCRIBER HIERARCHICAL LEVEL						>1
35	0010	HL	Subscriber Hierarchical Level	R	1	
38	0050	SBR	Subscriber Information	R	1	
43	0070	PAT	Patient Information	S	1	
LOOP ID - 2010BA SUBSCRIBER NAME						1
45	0150	NM1	Subscriber Name	R	1	
49	0250	N3	Subscriber Address	S	1	
50	0300	N4	Subscriber City/State/ZIP Code	S	1	
53	0320	DMG	Subscriber Demographic Information	S	1	
57	0350	REF	Subscriber Secondary Identification	S	4	
LOOP ID - 2010BC PAYER NAME						1
59	0150	NM1	Payer Name	R	1	
62	0350	REF	Payer Secondary Identification	S	3	

**Table 2 - Patient Detail**

PAGE #	POS. #	SEG. ID	NAME	USAGE	REPEAT	LOOP REPEAT
<b>LOOP ID - 2000C PATIENT HIERARCHICAL LEVEL</b>						<b>&gt;1</b>
64	0010	HL	Patient Hierarchical Level	S	1	
66	0070	PAT	Patient Information	S	1	
<b>LOOP ID - 2010CA PATIENT NAME</b>						<b>1</b>
68	0150	NM1	Patient Name	R	1	
72	0250	N3	Patient Address	R	1	
73	0300	N4	Patient City/State/ZIP Code	R	1	
76	0320	DMG	Patient Demographic Information	R	1	
80	0350	REF	Patient Secondary Identification Number	S	5	
<b>LOOP ID - 2300 CLAIM INFORMATION</b>						<b>100</b>
82	1300	CLM	Claim information	R	1	
86	1350	DTP	Discharge Hour	S	1	
88	1350	DTP	Statement Dates	R	1	
90	1350	DTP	Admission Date/Hour	S	1	
92	1400	CL1	Institutional Claim Code	S	1	
94	1550	PWK	Claim Supplemental Information	S	10	
97	1750	AMT	Payer Estimated Amount Due	S	1	
99	1750	AMT	Patient Estimated Amount Due	S	1	
101	1800	REF	Medical Record Number	S	1	
103	1800	REF	Mother's Medical Record Number for Newborns	S	1	
104	1850	K3	File Information	S	10	
106	1900	NTE	Claim Note	S	10	
108	2310	HI	Principal, Admitting, E-Code, Patient Reason For Visit Diagnosis Information, and Other E-Codes	R	1	
117	2310	HI	Diagnosis Related Group (DRG) Information	S	1	
119	2310	HI	Other Diagnosis Information	S	2	
132	2310	HI	Principal Procedure Information	S	1	
135	2310	HI	Other Procedure Information	S	2	
151	2310	HI	Occurrence Span Information	S	2	
164	2310	HI	Occurrence Information	S	2	
	2310	HI	Value Information	S	2	
	2310	HI	Condition Information	S	2	
	2400	QTY	Claim Quantity	S	4	
<b>LOOP ID - 2310A ATTENDING PHYSICIAN NAME</b>						<b>1</b>
	2500	NM1	Attending Physician Name	S	1	
	2710	REF	Attending Physician Secondary Identification	S	5	
<b>LOOP ID - 2310B OPERATING PHYSICIAN NAME</b>						<b>1</b>
	2500	NM1	Operating Physician Name	S	1	
	2710	REF	Operating Physician Secondary Identification	S	5	
<b>LOOP ID - 2310C OTHER PROVIDER NAME</b>						<b>1</b>
	2500	NM1	Other Provider Name	S	1	
	2710	REF	Other Provider Secondary Identification	S	5	
<b>LOOP ID - 2310D REFERRING PROVIDER NAME</b>						<b>2</b>
	2500	NM1	Referring Provider Name	S	1	
	2710	REF	Referring Provider Secondary Identification	S	5	
<b>LOOP ID - 2320 OTHER SUBSCRIBER INFORMATION</b>						<b>10</b>
	2900	SBR	Other Subscriber Information	S	1	
	3000	AMT	Payer Prior Payment	S	1	
<b>LOOP ID - 2330A OTHER SUBSCRIBER NAME</b>						<b>1</b>
	3250	NM1	Other Subscriber Name	R	1	

3550	REF	Other Subscriber Secondary Information	S	3		
LOOP ID - 2330B OTHER PAYER NAME					1	
3250	NM1	Other Payer Name	R	1		
3550	REF	Other Payer Secondary Identification and Reference Number	S	2		
LOOP ID - 2330C OTHER PAYER PATIENT INFORMATION					1	
3250	NM1	Other Payer Patient Information	S	1		
3550	REF	Other Payer Patient Identification Number	S	3		
LOOP ID - 2400 SERVICE LINE NUMBER					999	
3650	LX	Service Line Number	R	1		
3750	SV2	Institutional Service Line	R	1		
4550	DTP	Service Line Date	S	1		
5550	SE	Transaction Set Trailer	R	1		

## STANDARD

# 837 Health Care Claim

Functional Group ID: **HC**

This X12 Transaction Set contains the format and establishes the data contents of the Health Care Claim Transaction Set (837) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to submit health care claim billing information, encounter information, or both, from providers of health care services to payers, either directly or via intermediary billers and claims clearinghouses. It can also be used to transmit health care claims and billing payment information between payers with different payment responsibilities where coordination of benefits is required or between payers and regulatory agencies to monitor the rendering, billing, and/or payment of health care services within a specific health care/insurance industry segment.

For purposes of this standard, providers of health care products or services may include entities such as physicians, hospitals and other medical facilities or suppliers, dentists, and pharmacies, and entities providing medical information to meet regulatory requirements. The payer refers to a third party entity that pays claims or administers the insurance product or benefit or both. For example, a payer may be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), etc.) or an entity such as a third party administrator (TPA) or third party organization (TPO) that may be contracted by one of those groups. A regulatory agency is an entity responsible, by law or rule, for administering and monitoring a statutory benefits program or a specific health care/insurance industry segment.

**Table 1 - Header**

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
0050	ST	Transaction Set Header	M	1	
0100	BHT	Beginning of Hierarchical Transaction	M	1	
0150	REF	Reference Identification	O	3	
LOOP ID - 1000					10
0200	NM1	Individual or Organizational Name	O	1	
0250	N2	Additional Name Information	O	2	
0300	N3	Address Information	O	2	
0350	N4	Geographic Location	O	1	
0400	REF	Reference Identification	O	2	
0450	PER	Administrative Communications Contact	O	2	

**Table 2 - Detail**

POS. #	SEG. ID	NAME	REQ. DES.	MAX USE	LOOP REPEAT
LOOP ID - 2000					>1
0010	HL	Hierarchical Level	M	1	
0030	PRV	Provider Information	O	1	
0050	SBR	Subscriber Information	O	1	
0070	PAT	Patient Information	O	1	
0090	DTP	Date or Time or Period	O	5	
0100	CUR	Currency	O	1	
LOOP ID - 2010					10
0150	NM1	Individual or Organizational Name	O	1	
0200	N2	Additional Name Information	O	2	

0250	N3	Address Information	O	2	
0300	N4	Geographic Location	O	1	
0320	DMG	Demographic Information	O	1	
0350	REF	Reference Identification	O	20	
0400	PER	Administrative Communications Contact	O	2	
<b>LOOP ID - 2300</b>				<b>100</b>	
1300	CLM	Health Claim	O	1	
1350	DTP	Date or Time or Period	O	150	
1400	CL1	Claim Codes	O	1	
1450	DN1	Orthodontic Information	O	1	
1500	DN2	Tooth Summary	O	35	
1550	PWK	Paperwork	O	10	
1600	CN1	Contract Information	O	1	
1650	DSB	Disability Information	O	1	
1700	UR	Peer Review Organization or Utilization Review	O	1	
1750	AMT	Monetary Amount	O	40	
1800	REF	Reference Identification	O	30	
1850	K3	File Information	O	10	
1900	NTE	Note/Special Instruction	O	20	
1950	CR1	Ambulance Certification	O	1	
2000	CR2	Chiropractic Certification	O	1	
2050	CR3	Durable Medical Equipment Certification	O	1	
2100	CR4	Enteral or Parenteral Therapy Certification	O	3	
2150	CR5	Oxygen Therapy Certification	O	1	
2160	CR6	Home Health Care Certification	O	1	
2190	CR8	Pacemaker Certification	O	9	
2200	CRC	Conditions Indicator	O	100	
2310	HI	Health Care Information Codes	O	25	
2400	QTY	Quantity	O	10	
2410	HCP	Health Care Pricing	O	1	
<b>LOOP ID - 2305</b>				<b>6</b>	
2420	CR7	Home Health Treatment Plan Certification	O	1	
2430	HSD	Health Care Services Delivery	O	12	
<b>LOOP ID - 2310</b>				<b>9</b>	
2500	NM1	Individual or Organizational Name	O	1	
2550	PRV	Provider Information	O	1	
2600	N2	Additional Name Information	O	2	
2650	N3	Address Information	O	2	
2700	N4	Geographic Location	O	1	
2710	REF	Reference Identification	O	20	
2750	PER	Administrative Communications Contact	O	2	
<b>LOOP ID - 2320</b>				<b>10</b>	
2900	SBR	Subscriber Information	O	1	
2950	CAS	Claims Adjustment	O	99	
3000	AMT	Monetary Amount	O	15	
3050	DMG	Demographic Information	O	1	
3100	OI	Other Health Insurance Information	O	1	
3150	MIA	Medicare Inpatient Adjudication	O	1	
3200	MOA	Medicare Outpatient Adjudication	O	1	
<b>LOOP ID - 2330</b>				<b>10</b>	
3250	NM1	Individual or Organizational Name	O	1	
3300	N2	Additional Name Information	O	2	
3320	N3	Address Information	O	2	
3400	N4	Geographic Location	O	1	
3450	PER	Administrative Communications Contact	O	2	

3500	DTP	Date or Time or Period	O	9	
3550	REF	Reference Identification	O	>1	
<b>LOOP ID - 2400</b>					>1
3650	LX	Assigned Number	O	1	
3700	SV1	Professional Service	O	1	
3750	SV2	Institutional Service	O	1	
3800	SV3	Dental Service	O	1	
3820	TOO	Tooth Identification	O	32	
3850	SV4	Drug Service	O	1	
4000	SV5	Durable Medical Equipment Service	O	1	
4050	SV6	Anesthesia Service	O	1	
4100	SV7	Drug Adjudication	O	1	
4150	HI	Health Care Information Codes	O	25	
4200	PWK	Paperwork	O	10	
4250	CR1	Ambulance Certification	O	1	
4300	CR2	Chiropractic Certification	O	5	
4350	CR3	Durable Medical Equipment Certification	O	1	
4400	CR4	Enteral or Parenteral Therapy Certification	O	3	
4450	CR5	Oxygen Therapy Certification	O	1	
4500	CRC	Conditions Indicator	O	3	
4550	DTP	Date or Time or Period	O	15	
4600	QTY	Quantity	O	5	
4620	MEA	Measurements	O	20	
4650	CN1	Contract Information	O	1	
4700	REF	Reference Identification	O	30	
4750	AMT	Monetary Amount	O	15	
4800	K3	File Information	O	10	
4850	NTE	Note/Special Instruction	O	10	
4880	PS1	Purchase Service	O	1	
4900	IMM	Immunization Status Code	O	>1	
4910	HSD	Health Care Services Delivery	O	1	
4920	HCP	Health Care Pricing	O	1	
<b>LOOP ID - 2410</b>					>1
4930	LIN	Item Identification	O	1	
4940	CTP	Pricing Information	O	1	
4950	REF	Reference Identification	O	1	
<b>LOOP ID - 2420</b>					10
5000	NM1	Individual or Organizational Name	O	1	
5050	PRV	Provider Information	O	1	
5100	N2	Additional Name Information	O	2	
5140	N3	Address Information	O	2	
5200	N4	Geographic Location	O	1	
5250	REF	Reference Identification	O	20	
5300	PER	Administrative Communications Contact	O	2	
<b>LOOP ID - 2430</b>					>1
5400	SVD	Service Line Adjudication	O	1	
5450	CAS	Claims Adjustment	O	99	
5500	DTP	Date or Time or Period	O	9	
<b>LOOP ID - 2440</b>					1
5510	LQ	Industry Code	O	1	
5520	FRM	Supporting Documentation	M	99	
5550	SE	Transaction Set Trailer	M	1	



**NOTES:**

- 1/0200** Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.
- 2/0150** Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.
- 2/1950** The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
- 2/2500** Loop 2310 contains information about the rendering, referring, or attending provider.
- 2/2900** Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.
- 2/3250** Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.
- 2/3650** Loop 2400 contains Service Line information.
- 2/4250** The CR1 through CR5 and CRC certification segments appear on both the claim level and the service line level because certifications can be submitted for all services on a claim or for individual services. Certification information at the claim level applies to all service lines of the claim, unless overridden by certification information at the service line level.
- 2/4930** Loop 2410 contains compound drug components, quantities and prices.
- 2/5000** Loop 2420 contains information about the rendering, referring, or attending provider on a service line level. These segments override the information in the claim - level segments if the entity identifier codes in each NM1 segment are the same.
- 2/5400** SVD01 identifies the payer which adjudicated the corresponding service line and must match DE 67 in the NM109 position 325 for the payer.
- 2/5510** Loop 2440 provides certificate of medical necessity information for the procedure identified in SV101 in position 2/3700.
- 2/5520** FRM segment provides question numbers and responses for the questions on the medical necessity information form identified in LQ position 551.

## IMPLEMENTATION

## TRANSACTION SET HEADER

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1\_\_ST

## STANDARD

## ST Transaction Set Header

Level: Header

Position: 0050

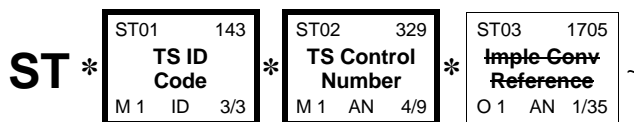
Loop: \_\_\_\_

Requirement: Mandatory

Max Use: 1

Purpose: To indicate the start of a transaction set and to assign a control number

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	ST01	143	<b>Transaction Set Identifier Code</b> Code uniquely identifying a Transaction Set  OD: 837A1__ST01__TransactionSetIdentifierCode  SEMANTIC: The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).	M	ID	3/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>837</td><td><b>Health Care Claim REQUIRED</b></td></tr></table>	CODE	DEFINITION	837	<b>Health Care Claim REQUIRED</b>			
CODE	DEFINITION									
837	<b>Health Care Claim REQUIRED</b>									
REQUIRED	ST02	329	<b>Transaction Set Control Number</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set  OD: 837A1__ST02__TransactionSetControlNumber  <b>The Transaction Set Control Number in ST02 and SE02 must be identical. This unique number also aids in error resolution research. Submitters could be sending transactions using the number 0001 in this element and increment from there. The number must be unique within a specific functional group (GS-GE) and interchange (ISA-IEA), but can repeat in other groups and interchanges.</b>	M	AN	4/9				
NOT USED	ST03	1705	<b>Implementation Convention Reference</b>	O 1	AN	1/35				

## IMPLEMENTATION

BEGINNING OF HIERARCHICAL  
TRANSACTION

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1\_\_BHT

Notes: 1. BHT03 is the file sequence and serial number - UB cross reference  
01017.

2. BHT04 is the Processing Date - UB cross reference 01020.

Example: BHT\*0019\*00\*0123\*19960618\*0932\*RP~

## STANDARD

**BHT** Beginning of Hierarchical Transaction

Level: Header

Position: 0100

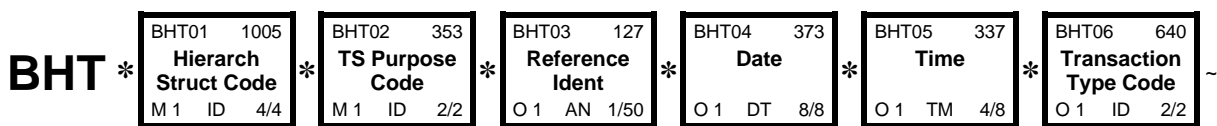
Loop: \_\_\_\_\_

Requirement: Mandatory

Max Use: 1

**Purpose:** To define the business hierarchical structure of the transaction set and identify the business application purpose and reference data, i.e., number, date, and time

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	BHT01	1005	<b>Hierarchical Structure Code</b>	M ID 4/4
Code indicating the hierarchical application structure of a transaction set that utilizes the HL segment to define the structure of the transaction set				
OD: 837A1__BHT01__HierarchicalStructureCode				
CODE	DEFINITION			
0019	Information Source, Subscriber, Dependent			

REQUIRED	BHT02	353	<b>Transaction Set Purpose Code</b> Code identifying purpose of transaction set  OD: 837A1__BHT02__TransactionSetPurposeCode  <b>BHT02 is intended to convey the electronic transmission status of the 837 batch contained in this ST-SE envelope. The terms “original” and “reissue” refer to the electronic transmission status of the 837 batch, not the billing status.</b>  <b>ORIGINAL: original transmissions are claims/encounters which have never been sent to the receiver. Generally nearly all transmissions to a payer entity (as the ultimate destination of the transaction) are original.</b>  <b>REISSUE: In the case where a transmission was disrupted the receiver can request that the batch be sent again. Use “Reissue” when resending transmission batches that have been previously sent.</b> <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>00</td><td>Original</td></tr><tr><td>18</td><td>Reissue</td></tr></table>	CODE	DEFINITION	00	Original	18	Reissue	M	ID	2/2
CODE	DEFINITION											
00	Original											
18	Reissue											
REQUIRED	BHT03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  OD: 837A1__BHT03__OriginatorApplicationTransactionIdentifier  <b>SEMANTIC: BHT03 is the number assigned by the originator to identify the transaction within the originator's business application system.</b>  <b>Use this reference identifier to identify the inventory file number of the tape or transmission assigned by the submitter's system.</b>	O	AN	1/50						
REQUIRED	BHT04	373	<b>Date</b> Date expressed as CCYYMMDD where CC represents the first two digits of the calendar year  OD: 837A1__BHT04__TransactionSetCreationDate  <b>SEMANTIC: BHT04 is the date the transaction was created within the business application system.</b>  <b>Use this date to identify the date on which the submitter created the file.</b>	O	DT	8/8						
REQUIRED	BHT05	337	<b>Time</b> Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)  OD: 837A1__BHT05__TransactionSetCreationTime  <b>SEMANTIC: BHT05 is the time the transaction was created within the business application system.</b>  <b>Use this time to identify the time of day that the submitter created the file.</b>	O	TM	4/8						

<b>REQUIRED</b>	<b>BHT06</b>	<b>640</b>	<b>Transaction Type Code</b>	<b>O</b>	<b>ID</b>	<b>2/2</b>
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Code specifying the type of transaction

OD: 837A1\_\_BHT06\_\_ClaimorEncounterIdentifier

*ALIAS: Claim or Encounter Indicator*

CODE	DEFINITION
------	------------

<b>RP</b>	<b>Reporting</b>
	Use this code to send a batch of encounters.

## IMPLEMENTATION

## TRANSMISSION TYPE IDENTIFICATION

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1\_\_REF

Notes: 1. Test / Production Indicator - UB cross reference 01018.

Example: REF\*87\*004010X156~

## STANDARD

## REF Reference Identification

Level: Header

Position: 0150

Loop: \_\_\_\_

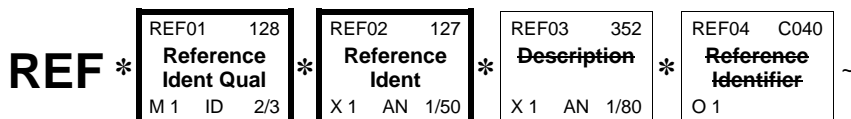
Requirement: Optional

Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203  
At least one of REF02 or REF03 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification  od: 837A1__REF01__ReferenceIdentificationQualifier  <b>REF01 - Test / Production Indicator - Qualifier Code 87.</b>	M	ID	2/3
			CODE	DEFINITION		
			87	Functional Category		

<b>REQUIRED</b>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  od: 837A1__REF02__TransmissionTypeCode  SYNTAX: R0203  <b>When this draft is used to pilot the transaction set, this value is 004010X156D. When this draft is used to send the transaction set in a production mode, this value is 004010X156.</b>  <b>REF02 - Test Value = 004010X156D.</b>  <b>REF02 - Production Value = 004010X156.</b>	<b>X</b>	<b>AN</b>	<b>1/50</b>
<b>NOT USED</b>	REF03	352	<b>Description</b>	<b>X 1</b>	<b>AN</b>	<b>1/80</b>
<b>NOT USED</b>	REF04	C040	<b>REFERENCE IDENTIFIER</b>	<b>O 1</b>		

## IMPLEMENTATION

## SUBMITTER NAME

Loop: 1000A — SUBMITTER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1\_1000A

Segment OD: 837A1\_1000A\_NM1

Notes: 1. See Section 2.4, Loop ID-1000, Data Overview, for a detailed description about using Loop ID-1000. Ignore the Set Notes below.

2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

3. Submitter Name - UB cross reference 01009.

Example: NM1\*41\*2\*ABC Submitter\*\*\*\*\*46\*999999999~

## STANDARD

## NM1 Individual or Organizational Name

Level: Header

Position: 0200

Loop: 1000 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

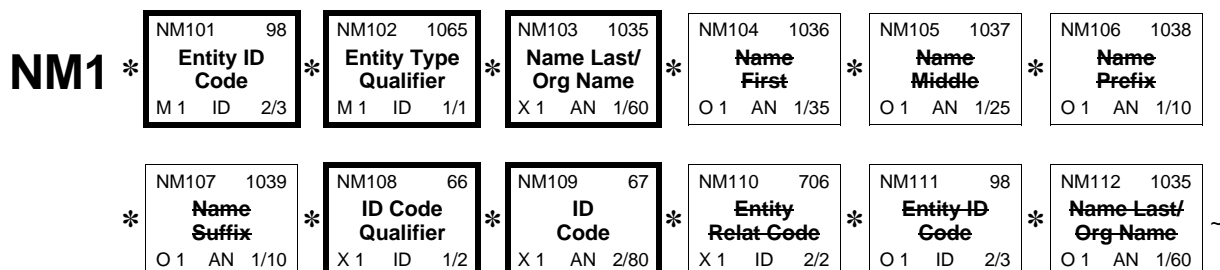
Set Notes: 1. Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.

Syntax: 1. P0809  
If either NM108 or NM109 is present, then the other is required.

2. C1110  
If NM111 is present, then NM110 is required.

3. C1203  
If NM112 is present, then NM103 is required.

## DIAGRAM





ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual  OD: 837A1_1000A_NM101__EntityIdentifierCode	M	ID	2/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>41</td><td>Submitter</td></tr></table>	CODE	DEFINITION	41	Submitter			
CODE	DEFINITION									
41	Submitter									
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  OD: 837A1_1000A_NM102__EntityTypeQualifier  SEMANTIC: NM102 qualifies NM103.	M	ID	1/1				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	CODE	DEFINITION	2	Non-Person Entity			
CODE	DEFINITION									
2	Non-Person Entity									
REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  OD: 837A1_1000A_NM103__SubmitterLastorOrganizationName  ALIAS: <i>Submitter Name</i>  SYNTAX: C1203	X	AN	1/60				
NOT USED	NM104	1036	<b>Name First</b>	O 1	AN	1/35				
NOT USED	NM105	1037	<b>Name Middle</b>	O 1	AN	1/25				
NOT USED	NM106	1038	<b>Name Prefix</b>	O 1	AN	1/10				
NOT USED	NM107	1039	<b>Name Suffix</b>	O 1	AN	1/10				
REQUIRED	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  OD: 837A1_1000A_NM108__IdentificationCodeQualifier  SYNTAX: P0809	X	ID	1/2				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN) Established by a trading partner agreement</td></tr></table>	CODE	DEFINITION	46	Electronic Transmitter Identification Number (ETIN) Established by a trading partner agreement			
CODE	DEFINITION									
46	Electronic Transmitter Identification Number (ETIN) Established by a trading partner agreement									
REQUIRED	NM109	67	<b>Identification Code</b> Code identifying a party or other code  OD: 837A1_1000A_NM109__SubmitterIdentifier  ALIAS: <i>Submitter Primary Identification Number</i>  SYNTAX: P0809	X	AN	2/80				
			<b>Federal Tax ID</b>							
NOT USED	NM110	706	<b>Entity Relationship Code</b>	X 1	ID	2/2				
NOT USED	NM111	98	<b>Entity Identifier Code</b>	O 1	ID	2/3				

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NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60
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IMPLEMENTATION

## SUBMITTER SECONDARY IDENTIFICATION

Loop: 1000A — SUBMITTER NAME

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_1000A\_REF

Notes: 1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.

Example: REF\*EO\*12345~

STANDARD

### REF Reference Identification

Level: Header

Position: 0150

Loop: 0

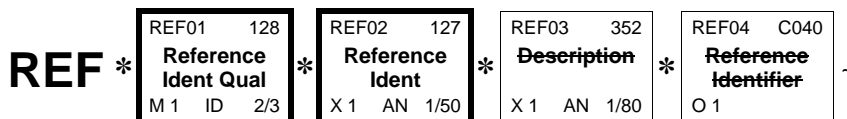
Requirement: Optional

Max Use: 3

Purpose: To specify identifying information

Syntax: 1. R0203  
At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification  OD: 837A1_1000A_REF01__	M	ID	2/3
			CODE	DEFINITION		
			EO	Submitter Identification Number		

<b>REQUIRED</b>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  OD: 837A1_1000A_REF02__  SYNTAX: R0203  <i>INDUSTRY: Submitter Secondary Identification Number</i>	<b>X</b>	<b>AN</b>	<b>1/50</b>
<b>NOT USED</b>	REF03	352	<b>Description</b>	<b>X 1</b>	<b>AN</b>	<b>1/80</b>
<b>NOT USED</b>	REF04	C040	<b>REFERENCE IDENTIFIER</b>	<b>O 1</b>		

IMPLEMENTATION

## SUBMITTER EDI CONTACT INFORMATION

Loop: 1000A — SUBMITTER NAME

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1\_1000A\_PER

- Notes:
1. The contact information in this segment should point to the person in the submitter organization who deals with data transmission issues. If data transmission problems arise, this is the person to contact in the submitter organization.
  2. When the communication number represents a telephone number in the United States and other countries using the North American Dialing Plan (for voice, data, fax, etc.), the communication number should always include the area code and phone number using the format AAABBBCCCC. Where AAA is the area code, BBB is the telephone number prefix, and CCCC is the telephone number (e.g. (534)224-2525 would be represented as 5342242525). The extension, when applicable, should be included in the communication number immediately after the telephone number.

Example: PER\*IC\*JANE DOE\*TE\*900555555~

STANDARD

### PER Administrative Communications Contact

Level: Header

Position: 0450

Loop: 1000

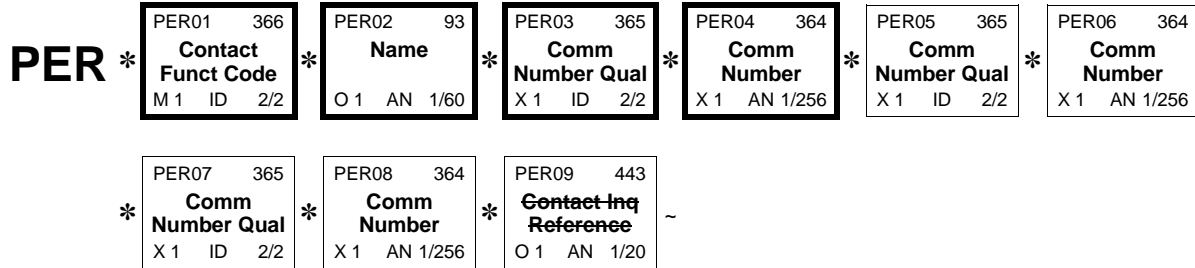
Requirement: Optional

Max Use: 2

Purpose: To identify a person or office to whom administrative communications should be directed

- Syntax:
1. **P0304**  
If either PER03 or PER04 is present, then the other is required.
  2. **P0506**  
If either PER05 or PER06 is present, then the other is required.
  3. **P0708**  
If either PER07 or PER08 is present, then the other is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES												
REQUIRED	PER01	366	<b>Contact Function Code</b> Code identifying the major duty or responsibility of the person or group named  od: 837A1_1000A_PER01__ContactFunctionCode	M	ID	2/2										
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>IC</td><td>Information Contact</td></tr></table>	CODE	DEFINITION	IC	Information Contact									
CODE	DEFINITION															
IC	Information Contact															
REQUIRED	PER02	93	<b>Name</b> Free-form name  od: 837A1_1000A_PER02__SubmitterContactName  <i>INDUSTRY: Submitter Contact Name</i>	O	AN	1/60										
REQUIRED	PER03	365	<b>Communication Number Qualifier</b> Code identifying the type of communication number  od: 837A1_1000A_PER03__CommunicationNumberQualifier  SYNTAX: P0304	X	ID	2/2										
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>ED</td><td>Electronic Data Interchange Access Number</td></tr><tr><td>EM</td><td>Electronic Mail</td></tr><tr><td>FX</td><td>Facsimile</td></tr><tr><td>TE</td><td>Telephone</td></tr></table>	CODE	DEFINITION	ED	Electronic Data Interchange Access Number	EM	Electronic Mail	FX	Facsimile	TE	Telephone			
CODE	DEFINITION															
ED	Electronic Data Interchange Access Number															
EM	Electronic Mail															
FX	Facsimile															
TE	Telephone															
REQUIRED	PER04	364	<b>Communication Number</b> Complete communications number including country or area code when applicable  od: 837A1_1000A_PER04__CommunicationNumber  SYNTAX: P0304	X	AN	1/256										

<b>SITUATIONAL</b>	<b>PER05</b>	<b>365</b>	<b>Communication Number Qualifier</b> Code identifying the type of communication number	<b>X</b>	<b>ID</b>	<b>2/2</b>
OD: 837A1_1000A_PER05__CommunicationNumberQualifier						
SYNTAX: P0506						

**Used when additional contact numbers are to be communicated.**

CODE	DEFINITION
<b>ED</b>	<b>Electronic Data Interchange Access Number</b>
<b>EM</b>	<b>Electronic Mail</b>
<b>EX</b>	<b>Telephone Extension</b> The use of this code indicates it is the extension of the number in PER04.
<b>FX</b>	<b>Facsimile</b>
<b>TE</b>	<b>Telephone</b>

<b>SITUATIONAL</b>	<b>PER06</b>	<b>364</b>	<b>Communication Number</b> Complete communications number including country or area code when applicable	<b>X</b>	<b>AN</b>	<b>1/256</b>
OD: 837A1_1000A_PER06__CommunicationNumber						
SYNTAX: P0506						

**This data element is required when the submitter needs to convey additional submitter contact information.**

**Used when additional contact numbers are to be communicated.**

<b>SITUATIONAL</b>	<b>PER07</b>	<b>365</b>	<b>Communication Number Qualifier</b> Code identifying the type of communication number	<b>X</b>	<b>ID</b>	<b>2/2</b>
OD: 837A1_1000A_PER07__CommunicationNumberQualifier						
SYNTAX: P0708						

**Used when additional contact numbers are to be communicated.**

CODE	DEFINITION
<b>ED</b>	<b>Electronic Data Interchange Access Number</b>
<b>EM</b>	<b>Electronic Mail</b>
<b>EX</b>	<b>Telephone Extension</b> The use of this code indicates it is the extension of the number in PER06.
<b>FX</b>	<b>Facsimile</b>
<b>TE</b>	<b>Telephone</b>

<b>SITUATIONAL</b>	<b>PER08</b>	<b>364</b>	<b>Communication Number</b> Complete communications number including country or area code when applicable  od: 837A1_1000A_PER08__CommunicationNumber SYNTAX: P0708  <b>This data element is required when the submitter needs to convey additional submitter contact information.</b>  <b>Used when additional contact numbers are to be communicated.</b>	<b>X</b>	<b>AN</b>	<b>1/256</b>
<b>NOT USED</b>	<b>PER09</b>	<b>443</b>	<b>Contact Inquiry Reference</b>	<b>O 1</b>	<b>AN</b>	<b>1/20</b>



IMPLEMENTATION

## RECEIVER NAME

Loop: 1000B — RECEIVER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1\_1000B

Segment OD: 837A1\_1000B\_NM1

Notes: 1. See Section 2.4, Loop ID-1000, Data Overview, for a detailed description about using Loop ID-1000. Ignore the Set Notes below.

2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example: NM1\*40\*2\*CSC HEALTHCARE\*\*\*\*\*46\*112223333~

STANDARD

## NM1 Individual or Organizational Name

Level: Header

Position: 0200

Loop: 1000 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

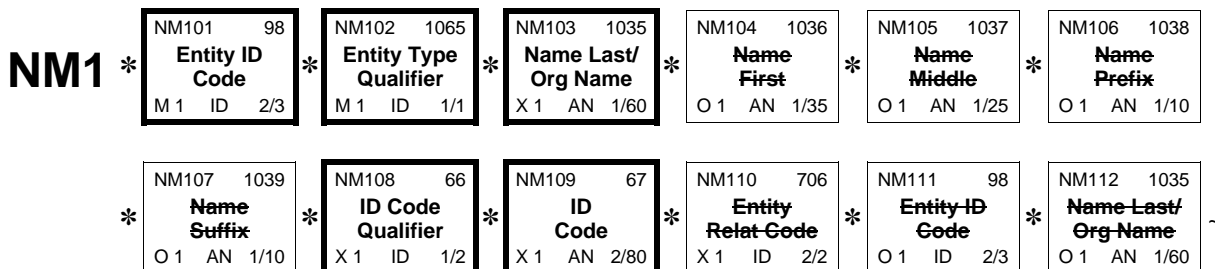
Set Notes: 1. Loop 1000 contains submitter and receiver information. If any intermediary receivers change or add data in any way, then they add an occurrence to the loop as a form of identification. The added loop occurrence must be the last occurrence of the loop.

Syntax: 1. **P0809**  
If either NM108 or NM109 is present, then the other is required.

2. **C1110**  
If NM111 is present, then NM110 is required.

3. **C1203**  
If NM112 is present, then NM103 is required.

DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual  od: 837A1_1000B_NM101__EntityIdentifierCode	M	ID	2/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>40</td><td>Receiver</td></tr></table>	CODE	DEFINITION	40	Receiver			
CODE	DEFINITION									
40	Receiver									
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  od: 837A1_1000B_NM102__EntityTypeQualifier  SEMANTIC: NM102 qualifies NM103.	M	ID	1/1				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	CODE	DEFINITION	2	Non-Person Entity			
CODE	DEFINITION									
2	Non-Person Entity									
REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  od: 837A1_1000B_NM103__ReceiverName  SYNTAX: C1203	X	AN	1/60				
			State or entity receiving data - i.e. for New Jersey put NJDDCS for NY put SPARCS.							
NOT USED	NM104	1036	<b>Name First</b>	O 1	AN	1/35				
NOT USED	NM105	1037	<b>Name Middle</b>	O 1	AN	1/25				
NOT USED	NM106	1038	<b>Name Prefix</b>	O 1	AN	1/10				
NOT USED	NM107	1039	<b>Name Suffix</b>	O 1	AN	1/10				
REQUIRED	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  od: 837A1_1000B_NM108__InformationReceiverIdentificationNumber  SYNTAX: P0809	X	ID	1/2				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>46</td><td>Electronic Transmitter Identification Number (ETIN)</td></tr></table>	CODE	DEFINITION	46	Electronic Transmitter Identification Number (ETIN)			
CODE	DEFINITION									
46	Electronic Transmitter Identification Number (ETIN)									
REQUIRED	NM109	67	<b>Identification Code</b> Code identifying a party or other code  od: 837A1_1000B_NM109__ReceiverPrimaryIdentifier  ALIAS: <b>Receiver Primary Identification Number</b>  SYNTAX: P0809	X	AN	2/80				
NOT USED	NM110	706	<b>Entity Relationship Code</b>	X 1	ID	2/2				
NOT USED	NM111	98	<b>Entity Identifier Code</b>	O 1	ID	2/3				
NOT USED	NM112	1035	<b>Name Last or Organization Name</b>	O 1	AN	1/60				

IMPLEMENTATION

## SERVICE PROVIDER HIERARCHICAL LEVEL

Loop: 2000A — SERVICE PROVIDER HIERARCHICAL LEVEL Repeat: >1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1\_2000A

Segment OD: 837A1\_2000A\_HL

- Notes:
1. For the purposes of the Health Care Service Reporting Guide use the Service Provider HL to identify the entity providing the service.
  2. Loop 2310E is not implemented in the Health Care Service Reporting Guide.
  3. This loop is referred to as the Billing/Pay To Provider loop in the Claim Guides.
  4. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.
  5. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Billing/Pay-to Provider Hierarchical Level loops, there is an implied maximum of 5000.

Example: HL\*1\*\*20\*1~

STANDARD

### HL Hierarchical Level

Level: Detail

Position: 0010

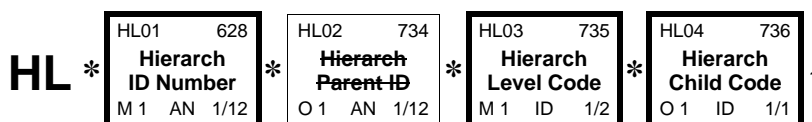
Loop: 2000 Repeat: >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES				
REQUIRED	HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure  OD: 837A1_2000A_HL01__HierarchicalIDNumber  <b>COMMENT:</b> HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.  <b>HL01 must begin with "1" and be incremented by one each time an HL is used in the transaction. Only numeric values are allowed in HL01.</b>	M AN 1/12				
NOT USED	HL02	734	<b>Hierarchical Parent ID Number</b>	O 1 AN 1/12				
REQUIRED	HL03	735	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical structure  OD: 837A1_2000A_HL03__HierarchicalLevelCode  <b>COMMENT:</b> HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	M ID 1/2				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>20</td><td>Information Source</td></tr></table>					CODE	DEFINITION	20	Information Source
CODE	DEFINITION							
20	Information Source							
REQUIRED	HL04	736	<b>Hierarchical Child Code</b> Code indicating if there are hierarchical child data segments subordinate to the level being described  OD: 837A1_2000A_HL04__HierarchicalChildCode  <b>COMMENT:</b> HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.  <b>The claim loop (Loop ID-2300) can be used only when HL04 has no subordinate levels (HL04 = 0).</b>	O ID 1/1				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Additional Subordinate HL Data Segment in This Hierarchical Structure.</td></tr></table>					CODE	DEFINITION	1	Additional Subordinate HL Data Segment in This Hierarchical Structure.
CODE	DEFINITION							
1	Additional Subordinate HL Data Segment in This Hierarchical Structure.							

IMPLEMENTATION

## SERVICE PROVIDER NAME

Loop: 2010AA — SERVICE PROVIDER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1\_2010AA

Segment OD: 837A1\_2010AA\_NM1

Notes: 1. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature. Ignore the Set Notes below.

Example: NM1\*85\*2\*JONES HOSPITAL\*\*\*\*\*XX\*45609312~

STANDARD

## NM1 Individual or Organizational Name

Level: Detail

Position: 0150

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

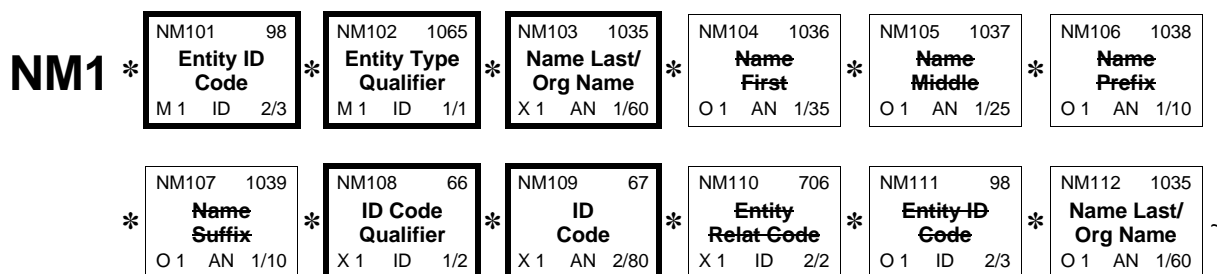
Set Notes: 1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

Syntax: 1. **P0809**  
If either NM108 or NM109 is present, then the other is required.

2. **C1110**  
If NM111 is present, then NM110 is required.

3. **C1203**  
If NM112 is present, then NM103 is required.

DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual  od: 837A1_2010AA_NM101__EntityIdentifierCode	M	ID	2/3						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>SJ</td><td><b>Service Provider</b>  Use this code to indicate service provider or encounter reporting entity.</td></tr></table>	CODE	DEFINITION	SJ	<b>Service Provider</b>  Use this code to indicate service provider or encounter reporting entity.					
CODE	DEFINITION											
SJ	<b>Service Provider</b>  Use this code to indicate service provider or encounter reporting entity.											
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  od: 837A1_2010AA_NM102__EntityTypeQualifier  SEMANTIC: NM102 qualifies NM103.	M	ID	1/1						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>2</td><td><b>Non-Person Entity</b></td></tr></table>	CODE	DEFINITION	2	<b>Non-Person Entity</b>					
CODE	DEFINITION											
2	<b>Non-Person Entity</b>											
REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  od: 837A1_2010AA_NM103__BillingProviderLastorOrganizationalName  ALIAS: <i>Service Provider Name</i>  SYNTAX: C1203  UB-92 Reference [UB-92 Name]: 1, Line 1 [Provider Name, Address and Telephone Number]  EMC v.6.0 Reference: Record Type 10 Field No. 12	X	AN	1/60						
NOT USED	NM104	1036	<b>Name First</b>	O 1	AN	1/35						
NOT USED	NM105	1037	<b>Name Middle</b>	O 1	AN	1/25						
NOT USED	NM106	1038	<b>Name Prefix</b>	O 1	AN	1/10						
NOT USED	NM107	1039	<b>Name Suffix</b>	O 1	AN	1/10						
REQUIRED	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  od: 837A1_2010AA_NM108__IdentificationCodeQualifier  SYNTAX: P0809  If “XX - NPI” is used, then either the Employer’s Identification Number or the Social Security Number of the provider must be carried in the REF in this loop.	X	ID	1/2						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>24</td><td><b>Employer’s Identification Number</b></td></tr><tr><td>34</td><td><b>Social Security Number</b></td></tr></table>	CODE	DEFINITION	24	<b>Employer’s Identification Number</b>	34	<b>Social Security Number</b>			
CODE	DEFINITION											
24	<b>Employer’s Identification Number</b>											
34	<b>Social Security Number</b>											

			XX	Health Care Financing Administration National Provider Identifier		
REQUIRED	NM109	67	Identification Code	X	AN	2/80
			Code identifying a party or other code			
			OD: 837A1_2010AA_NM109__BillingProviderIdentifier			
			ALIAS: <b>Billing Provider Primary ID</b>			
			SYNTAX: P0809			
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3
SITUATIONAL	NM112	1035	Name Last or Organization Name	O	AN	1/60
			Individual last name or organizational name			
			OD: 837A1_2010AA_NM112__			
			SYNTAX: C1203			
			COMMENT: NM112 can identify a second surname.			

IMPLEMENTATION

## SERVICE PROVIDER SECONDARY IDENTIFICATION

Loop: 2010AA — SERVICE PROVIDER NAME

Usage: SITUATIONAL

Repeat: 8

Segment OD: 837A1\_2010AA\_REF

- Notes:
1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.
  2. If the reason the number is being used in this REF can be met by the NPI, carried in the NM108/09 of this loop, then this REF is not used.
  3. If “code XX - NPI” is used in the NM108/09 of this loop, then either the Employer’s Identification Number or the Social Security Number of the provider must be carried in this REF. The number sent is the one which is used on the 1099. If additional numbers are needed the REF can be run up to 8 times.

Example: REF\*SY\*987654~

STANDARD

### REF Reference Identification

Level: Detail

Position: 0350

Loop: 2010

Requirement: Optional

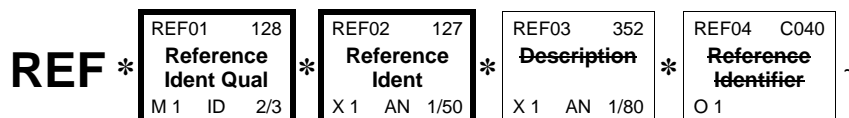
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM





## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification  OD: 837A1_2010AA_REF01__ReferenceIdentificationQualifier	M	ID	2/3
<b>Codes 8U, LU, ST, TT, 06, IJ, RB, and EM were added to this implementation guide to support credit/debit card information billing. See Appendix G, Credit/Debit Card Use, for details.</b>						
<b>Until NPI implemented this is required for Reporting Guide use by states.</b>						
			CODE	DEFINITION		
			0B	State License Number		
			1A	<b>Blue Cross Provider Number</b> UB-92 Reference [UB-92 Name]: <b>51 (A-C) [Provider Number]</b> EMC v.6.0 Reference: <b>Record Type 10 Field No. 9, 10</b> <b>Record Type 30 Field No. 24</b>		
			1B	Blue Shield Provider Number		
			1C	<b>Medicare Provider Number</b> UB-92 Reference [UB-92 Name]: <b>51 (A-C) [Provider Number]</b> EMC v.6.0 Reference: <b>Record Type 10 Field No. 6</b> <b>Record Type 30 Field No. 24</b>		
			1D	<b>Medicaid Provider Number</b> UB-92 Reference [UB-92 Name]: <b>51 (A-C) [Provider Number]</b> EMC v.6.0 Reference: <b>Record Type 10 Field No. 7</b>		
			1G	Provider UPIN Number		
			1H	<b>CHAMPUS Identification Number</b> UB-92 Reference [UB-92 Name]: <b>51 (A-C) [Provider Number]</b> EMC v.6.0 Reference: <b>Record Type 10 Field No. 8</b> <b>Record Type 30 Field No. 24</b>		
			1J	Facility ID Number		
			B3	Preferred Provider Organization Number		
			BQ	Health Maintenance Organization Code Number		

			<b>EI</b>	<b>Employer's Identification Number</b> UB-92 Reference [UB-92 Name]: <b>5 [Payer Identification]</b> EMC v.6.0 Reference: <b>Record Type 10 Field No. 4, 5</b>
			<b>FH</b>	<b>Clinic Number</b>
			<b>G2</b>	<b>Provider Commercial Number</b> UB-92 Reference [UB-92 Name]: <b>51 (A-C) [Provider Number]</b> EMC v.6.0 Reference: <b>Record Type 10 Field No. 9, 10</b> <b>Record Type 30 Field No. 24</b>
			<b>G5</b>	<b>Provider Site Number</b>
			<b>LU</b>	<b>Location Number</b>
			<b>SY</b>	<b>Social Security Number</b> UB-92 Reference [UB-92 Name]: <b>5 [Payer Identification]</b> EMC v.6.0 Reference: <b>Record Type 10 Field No. 4, 5</b>
			<b>X5</b>	<b>State Industrial Accident Provider Number</b>
<b>REQUIRED</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/50</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  OD: 837A1_2010AA_REF02__  SYNTAX: R0203
<b>NOT USED</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X 1 AN 1/80</b>
<b>NOT USED</b>	<b>REF04</b>	<b>C040</b>	<b>REFERENCE IDENTIFIER</b>	<b>O 1</b>

IMPLEMENTATION

## SUBSCRIBER HIERARCHICAL LEVEL

Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL Repeat: >1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1\_2000B

Segment OD: 837A1\_2000B\_HL

- Notes:
1. If the insured and the patient are the same person, use this HL to identify the insured/patient, skip the subsequent (PATIENT) HL, and proceed directly to Loop ID-2300.
  2. For the purposes of the Health Care Service Data Reporting Guide the information in the subscriber HL is that sent to the primary payer. Information about additional payers is reported in the Other Subscriber Information Loop (Loop ID - 2320).
  3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.
  4. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Subscriber Hierarchical Level loops, there is an implied maximum of 5000.

Example: HL\*124\*123\*22\*1~

STANDARD

### HL Hierarchical Level

Level: Detail

Position: 0010

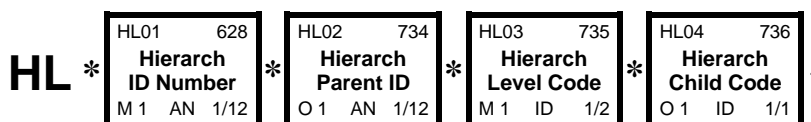
Loop: 2000 Repeat: >1

Requirement: Mandatory

Max Use: 1

Purpose: To identify dependencies among and the content of hierarchically related groups of data segments

DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure  OD: 837A1_2000B_HL01__HierarchicalIDNumber  COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	M AN 1/12
REQUIRED	HL02	734	<b>Hierarchical Parent ID Number</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to  OD: 837A1_2000B_HL02__HierarchicalParentIDNumber  COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	O AN 1/12
REQUIRED	HL03	735	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical structure  OD: 837A1_2000B_HL03__HierarchicalLevelCode  COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	M ID 1/2
		CODE	DEFINITION	
		22	Subscriber	

<b>REQUIRED</b>	<b>HL04</b>	<b>736</b>	<b>Hierarchical Child Code</b>	<b>O</b>	<b>ID</b>	<b>1/1</b>
Code indicating if there are hierarchical child data segments subordinate to the level being described						

OD: 837A1\_2000B\_HL04\_\_HierarchicalChildCode

COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.

**The claim loop (Loop ID-2300) can be used both when HL04 has no subordinate levels (HL04 = 0) or when HL04 has subordinate levels indicated (HL04 = 1).**

In the first case (HL04 = 0), the subscriber is the patient and there are no dependent claims. The second case (HL04 = 1) happens when claims/encounters for both the subscriber and a dependent of theirs are being sent under the same billing provider HL (e.g., a father and son are both involved in the same automobile accident and are treated by the same provider). In that case, the subscriber HL04 = 1 because there is a dependent to this subscriber, but the 2300 loop for the subscriber/patient (father) would begin after the subscriber HL. The dependent HL (son) would then be run and the 2300 loop for the dependent/patient would be run after that HL. HL04=1 would also be used when a claim/encounter for a only a dependent is being sent.

CODE	DEFINITION
<b>0</b>	<b>No Subordinate HL Segment in This Hierarchical Structure.</b>
<b>1</b>	<b>Additional Subordinate HL Data Segment in This Hierarchical Structure.</b>

IMPLEMENTATION

## SUBSCRIBER INFORMATION

Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1\_2000B\_SBR

Example: SBR\*P\*\*GRP01020102\*\*\*\*\*CI~

STANDARD

## SBR Subscriber Information

Level: Detail

Position: 0050

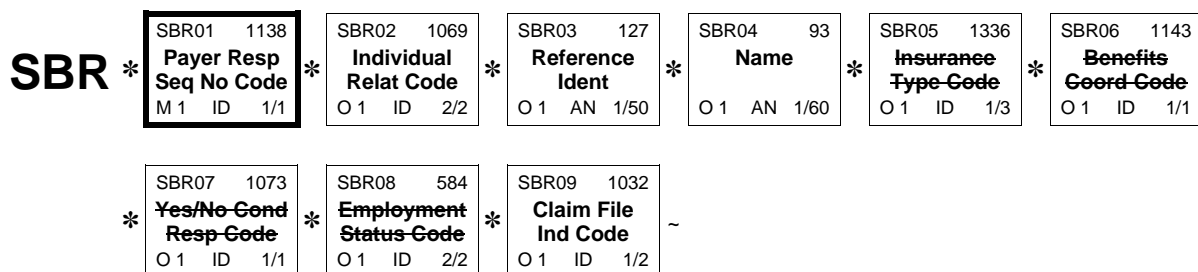
Loop: 2000

Requirement: Optional

Max Use: 1

**Purpose:** To record information specific to the primary insured and the insurance carrier for that insured

DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SBR01	1138	<b>Payer Responsibility Sequence Number Code</b> Code identifying the insurance carrier's level of responsibility for a payment of a claim  od: 837A1_2000B_SBR01__PayerResponsibilitySequenceNumberCode  <b>UB-92 Reference [UB-92 Name]:</b> <b>50 (A-C) [Payer Identification]</b> <b>51 (A-C) [Provider Number]</b> <b>52 (A-C) [Release of Information Certification Indicator]</b> <b>53 (A-C) [Assignment of Benefits Certification Indicator]</b> <b>54 (A-C) [Prior Payments - Payers and Patient]</b> <b>55 (A-C) [Estimated Amount Due]</b> <b>58 (A-C) [Insured's Name]</b> <b>59 (A-C) [Patient's Relationship to Insured]</b> <b>60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]</b> <b>61 (A-C) [Insured Group Name]</b> <b>62 (A-C) [Insurance Group Number]</b> <b>63 (A-C) [Treatment Authorization Code]</b> <b>64 (A-C) [Employment Status Code of the Insured]</b> <b>65 (A-C) [Employer Name of the Insured]</b> <b>66 (A-C) [Employer Location of the Insured]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 30 Field No. 2 (Sequence 01-03)</b> <b>Record Type 31 Field No. 2 (Sequence 01-03)</b> <b>Record Type 32 Field No. 2 (Sequence 01-03)</b> <b>Record Type 40 Field No. 5, 6, 7</b>	<b>M ID 1/1</b>
		CODE	DEFINITION	
		P	Primary	

<b>SITUATIONAL</b>	<b>SBR02</b>	<b>1069</b>	<b>Individual Relationship Code</b>	<b>O</b>	<b>ID</b>	<b>2/2</b>
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Code indicating the relationship between two individuals or entities

OD: 837A1\_2000B\_SBR02\_\_IndividualRelationshipCode

**ALIAS:** *Patients Relationship to Insured*

**SEMANTIC:** SBR02 specifies the relationship to the person insured.

**EMC Reference:**

**30 Field No. 18**

**UB-92 Reference [UB-92 Name]:**

**59 (A-C) [Patient's Relationship to Insured]**

This data element is required when authorized by state or federal law or regulations.

Use this code only when the subscriber is the same person as the patient. If the subscriber is not the same person as the patient, do not use this element.

CODE	DEFINITION
------	------------

<b>18</b>	<b>Self</b>
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<b>SITUATIONAL</b>	<b>SBR03</b>	<b>127</b>	<b>Reference Identification</b>	<b>O</b>	<b>AN</b>	<b>1/50</b>
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Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

OD: 837A1\_2000B\_SBR03\_\_InsuredGrouporPolicyNumber

**ALIAS:** *Group Number*

**SEMANTIC:** SBR03 is policy or group number.

**EMC Reference:**

**30 Field No. 10 (Sequence 01-03)**

**UB-92 Reference [UB-92 Name]:**

**62 (A-C) [Insurance Group Number]**

This data element is required when authorized by state or federal law or regulations.

Use this element to carry the subscriber's group number but not the number that uniquely identifies the subscriber. The subscriber's number should be carried in NM109. Using code IL in NM101 identifies the number in NM109 as the insured's Identification Number.



<b>SITUATIONAL</b>	<b>SBR04</b>	<b>93</b>	<b>Name</b> Free-form name	<b>O</b>	<b>AN</b>	<b>1/60</b>
			OD: 837A1_2000B_SBR04__InsuredGroupName			
			ALIAS: <b>Plan Name (Group Name)</b>			
			SEMANTIC: SBR04 is plan name.			
			<b>EMC Reference:</b>			
			<b>30 Field No. 11 (Sequence 01-03)</b>			
			<b>UB-92 Reference [UB-92 Name]:</b>			
			<b>61 (A-C) [Insured Group Name]</b>			
			This data element is required when authorized by state or federal law or regulations.			
			Used only when no group number is reported in SBR03.			
<b>NOT USED</b>	<b>SBR05</b>	<b>1336</b>	<b>Insurance Type Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/3</b>
<b>NOT USED</b>	<b>SBR06</b>	<b>1143</b>	<b>Coordination of Benefits Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>SBR07</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>SBR08</b>	<b>584</b>	<b>Employment Status Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/2</b>
<b>SITUATIONAL</b>	<b>SBR09</b>	<b>1032</b>	<b>Claim Filing Indicator Code</b> Code identifying type of claim	<b>O</b>	<b>ID</b>	<b>1/2</b>

OD: 837A1\_2000B\_SBR09\_\_ClaimFilingIndicatorCode

**EMC v.6.0 Reference:**

**Record Type 30 Field No. 4 (not all codes map)**

Required prior to mandated use of PlanID. Not used after PlanID is mandated.

CODE	DEFINITION
<b>09</b>	<b>Self-pay</b> EMC v.6.0 Reference: <b>Record Type 30 Field No. 4 Code A</b>
<b>11</b>	<b>Other Non-Federal Programs</b>
<b>12</b>	<b>Preferred Provider Organization (PPO)</b> Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment
<b>14</b>	<b>Exclusive Provider Organization (EPO)</b> Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment
<b>15</b>	<b>Indemnity Insurance</b>
<b>16</b>	<b>Health Maintenance Organization (HMO) Medicare Risk</b>
<b>BL</b>	<b>Blue Cross/Blue Shield</b> EMC v.6.0 Reference: <b>Record Type 30 Field No. 4 Code G</b>

<b>CH</b>	<b>Champus</b> EMC v.6.0 Reference: <b>Record Type 30 Field No. 4 Code H</b>
<b>CI</b>	<b>Commercial Insurance Co.</b> EMC v.6.0 Reference: <b>Record Type 30 Field No. 4 Code F</b>
<b>HM</b>	<b>Health Maintenance Organization</b> There is no map to EMC v.6.0. (Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment)
<b>MA</b>	<b>Medicare Part A</b> EMC v.6.0 Reference: <b>Record Type 30 Field No. 4 Code C (Same as the  qualifier used in CLP06 of 835 Health Care Claim  Payment)</b>
<b>MB</b>	<b>Medicare Part B</b> Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment
<b>MC</b>	<b>Medicaid</b> EMC v.6.0 Reference: <b>Record Type 30 Field No. 4 Code D</b>
<b>OF</b>	<b>Other Federal Program</b> EMC v.6.0 Reference: <b>Record Type 30 Field No. 4 Code E</b>
<b>VA</b>	<b>Veterans Affairs Plan</b> Same as the qualifier used in CLP06 of the 835 Health Care Claim Payment.  Refers to Veterans Affairs Plan.
<b>WC</b>	<b>Workers' Compensation Health Claim</b> EMC v.6.0 Reference: <b>Record Type 30 Field No. 4 Code B (Same as the  qualifier used in CLP06 of 835 Health Care Claim  Payment)</b>
<b>ZZ</b>	<b>Mutually Defined</b> <b>Unknown</b>  Required value if the HIPAA Individual Identifier is mandated for use. Otherwise, the MI qualifier is used.

## IMPLEMENTATION

## PATIENT INFORMATION

Loop: 2000B — SUBSCRIBER HIERARCHICAL LEVEL

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2000B\_PAT

Notes: 1. Required if the subscriber is the same person as the patient (Loop ID-2000B SBR02=18), and information in this PAT segment (Pregnancy Indicator see PAT09) is necessary to file the claim/encounter.

2. When the patient is a newborn, then the weight should be reported as Value Code 54 in the HI Segment in the 2300 Loop.

Example: PAT\*\*\*\*\*GR\*1768\*Y~

## STANDARD

## PAT Patient Information

Level: Detail

Position: 0070

Loop: 2000

Requirement: Optional

Max Use: 1

Purpose: To supply patient information

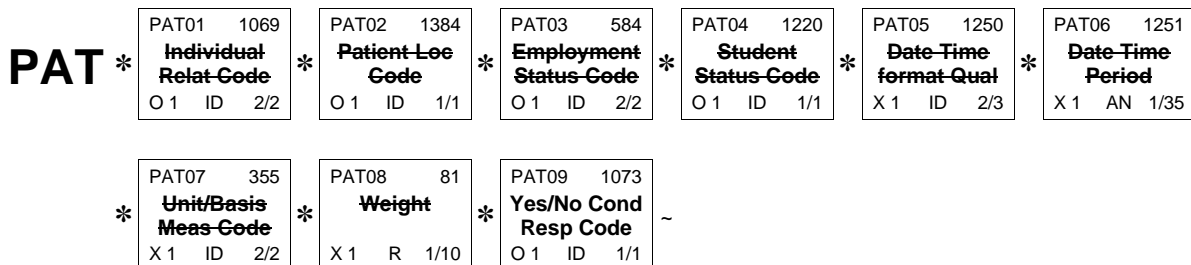
Syntax: 1. P0506

If either PAT05 or PAT06 is present, then the other is required.

2. P0708

If either PAT07 or PAT08 is present, then the other is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
NOT USED	PAT01	1069	Individual Relationship Code	O 1	ID	2/2
NOT USED	PAT02	1384	Patient Location Code	O 1	ID	1/1
NOT USED	PAT03	584	Employment Status Code	O 1	ID	2/2

NOT USED	PAT04	1220	Student Status Code	O 1	ID	1/1
NOT USED	PAT05	1250	Date Time Period Format Qualifier	X 1	ID	2/3
NOT USED	PAT06	1251	Date Time Period	X 1	AN	1/35
NOT USED	PAT07	355	Unit or Basis for Measurement Code	X 1	ID	2/2
NOT USED	PAT08	81	Weight	X 1	R	1/10
SITUATIONAL	PAT09	1073	Yes/No Condition or Response Code	O	ID	1/1

Code indicating a Yes or No condition or response

OD: 837A1\_2000B\_PAT09\_\_PregnancyIndicator

SEMANTIC: PAT09 indicates whether the patient is pregnant or not pregnant. Code "Y" indicates the patient is pregnant; code "N" indicates the patient is not pregnant.

**Required when required by state law (e.g., Indiana Medicaid) or when this loop must be reported because the patient is the subscriber.**

**Used in Reporting Guide for potential Medicaid Reporting.**

CODE	DEFINITION
N	No
U	Unknown
Y	Yes

IMPLEMENTATION

## SUBSCRIBER NAME

Loop: 2010BA — SUBSCRIBER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1\_2010BA

Segment OD: 837A1\_2010BA\_NM1

- Notes:
1. In worker's compensation or other property and casualty claims, the "subscriber" may be a non-person entity (i.e., the employer). However, this varies by state.
  2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature. Ignore the Set Notes below.
  3. When this information cannot be reported by state or federal law or regulation, then a masked value should be reported.

Example: NM1\*IL\*1\*DOE\*JOHN\*T\*\*\*MI\*739004273~

STANDARD

## NM1 Individual or Organizational Name

Level: Detail

Position: 0150

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

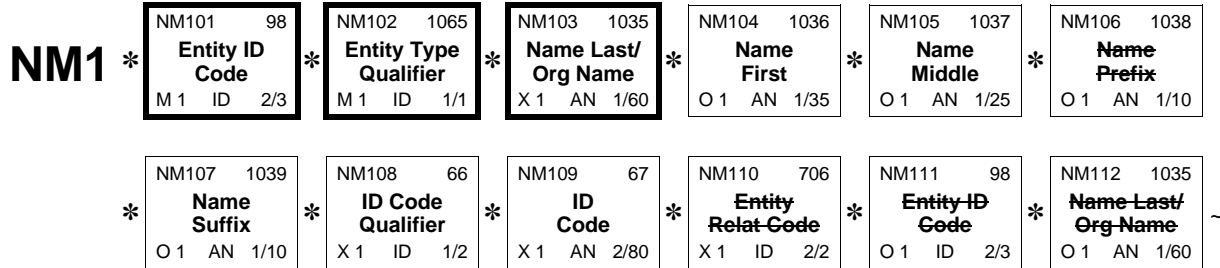
Purpose: To supply the full name of an individual or organizational entity

Set Notes:

1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

- Syntax:
1. **P0809**  
If either NM108 or NM109 is present, then the other is required.
  2. **C1110**  
If NM111 is present, then NM110 is required.
  3. **C1203**  
If NM112 is present, then NM103 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual  od: 837A1_2010BA_NM101__EntityIdentifierCode	M	ID	2/3				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>IL</td><td>Insured or Subscriber</td></tr></table>							CODE	DEFINITION	IL	Insured or Subscriber
CODE	DEFINITION									
IL	Insured or Subscriber									
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  od: 837A1_2010BA_NM102__EntityTypeQualifier  SEMANTIC: NM102 qualifies NM103.	M	ID	1/1				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Person</td></tr></table>							CODE	DEFINITION	1	Person
CODE	DEFINITION									
1	Person									
REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  od: 837A1_2010BA_NM103__SubscriberLastName  SYNTAX: C1203  UB-92 Reference [UB-92 Name]: 58 (A-C) [Insured's Name]  EMC v.6.0 Reference: Record Type 30 Field No. 12 (Sequence 01-03)  When this information cannot be reported by state or federal law or regulation, then the last name should be masked.	X	AN	1/60				

<b>SITUATIONAL</b>	<b>NM104</b>	<b>1036</b>	<b>Name First</b> Individual first name  OD: 837A1_2010BA_NM104__SubscriberFirstName <b>UB-92 Reference [UB-92 Name]:</b> <b>58 (A-C) [Insured's Name]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 30 Field No. 13 (Sequence 01-03)</b>  <b>This data element is required when NM102 equals one (1).</b>  <b>When this information cannot be reported by state or federal law or regulation, then the first name should be masked.</b>	<b>O</b>	<b>AN</b>	<b>1/35</b>
<b>SITUATIONAL</b>	<b>NM105</b>	<b>1037</b>	<b>Name Middle</b> Individual middle name or initial  OD: 837A1_2010BA_NM105__SubscriberMiddleName  <i>ALIAS: <b>Subscriber's Middle Initial</b></i> <b>UB-92 Reference [UB-92 Name]:</b> <b>58 (A-C) [Insured's Name]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 30 Field No. 14 (Sequence 01-03)</b>  <b>This data element is required when NM102 = 1 and the Middle Name or Initial of the person is known.</b>  <b>When this information cannot be reported by state or federal law or regulation, then the middle name should be masked.</b>	<b>O</b>	<b>AN</b>	<b>1/25</b>
<b>NOT USED</b>	<b>NM106</b>	<b>1038</b>	<b>Name Prefix</b>	<b>O 1</b>	<b>AN</b>	<b>1/10</b>
<b>SITUATIONAL</b>	<b>NM107</b>	<b>1039</b>	<b>Name Suffix</b> Suffix to individual name  OD: 837A1_2010BA_NM107__SubscriberNameSuffix  <b>This data element is required when the NM102 equals one (1) and the name suffix is known. Examples: I, II, III, IV, Jr, Sr.</b>  <b>When this information cannot be reported by state or federal law or regulation, then the name suffix should be masked.</b>	<b>O</b>	<b>AN</b>	<b>1/10</b>

SITUATIONAL	NM108	66	Identification Code Qualifier	X	ID	1/2								
Code designating the system/method of code structure used for Identification Code (67)														
od: 837A1_2010BA_NM108__IdentificationCodeQualifier														
SYNTAX: P0809														
This data element is required when NM102 equals one (1) and is permissible under state or federal law or regulations.														
MI is also intended to be used in claims submitted to the Indian Health Service/Contract HealthServices (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Tribe Residency Code (Tribe County State). In the event that a Social Security Number is also available on an IHS/CHS claim, put the SSN in REF02.														
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>34</td><td>Social Security Number</td></tr><tr><td>MI</td><td>Member Identification Number The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI - Member Identification Number to convey the following terms Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.</td></tr><tr><td>ZZ</td><td>Mutually Defined The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996 the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.</td></tr></table>							CODE	DEFINITION	34	Social Security Number	MI	Member Identification Number The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI - Member Identification Number to convey the following terms Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.	ZZ	Mutually Defined The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996 the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.
CODE	DEFINITION													
34	Social Security Number													
MI	Member Identification Number The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI - Member Identification Number to convey the following terms Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.													
ZZ	Mutually Defined The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996 the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.													
SITUATIONAL	NM109	67	Identification Code	X	AN	2/80								
Code identifying a party or other code														
od: 837A1_2010BA_NM109__SubscriberPrimaryIdentifier														
SYNTAX: P0809														
UB-92 Reference [UB-92 Name]:														
60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]														
EMC v.6.0 Reference:														
Record Type 30 Field No. 7 (Sequence 01-03)														
This data element is required when NM102 equals one (1).														
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2								
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3								
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60								



## IMPLEMENTATION

## SUBSCRIBER ADDRESS

Loop: 2010BA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2010BA\_N3

Notes: 1. This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).

Example: N3\*125 CITY AVENUE~

## STANDARD

## N3 Address Information

Level: Detail

Position: 0250

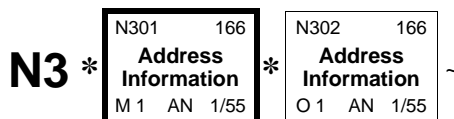
Loop: 2010

Requirement: Optional

Max Use: 2

Purpose: To specify the location of the named party

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	N301	166	Address Information Address information  OD: 837A1_2010BA_N301__SubscriberAddressLine <b>UB-92 Reference [UB-92 Name]:</b> 84, Line b [Remarks]  <b>EMC v.6.0 Reference:</b> Record Type 31 Field No. 4 (Sequence 01-03)	M	AN	1/55
SITUATIONAL	N302	166	Address Information Address information  OD: 837A1_2010BA_N302__SubscriberAddressLine  <b>EMC v.6.0 Reference:</b> Record Type 31 Field No. 5 (Sequence 01-03)  Required if a second address line exists.	O	AN	1/55

IMPLEMENTATION

## SUBSCRIBER CITY/STATE/ZIP CODE

Loop: 2010BA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2010BA\_N4

Notes: 1. This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).

Example: N4\*CENTERVILLE\*PA\*17111~

STANDARD

### N4 Geographic Location

Level: Detail

Position: 0300

Loop: 2010

Requirement: Optional

Max Use: 1

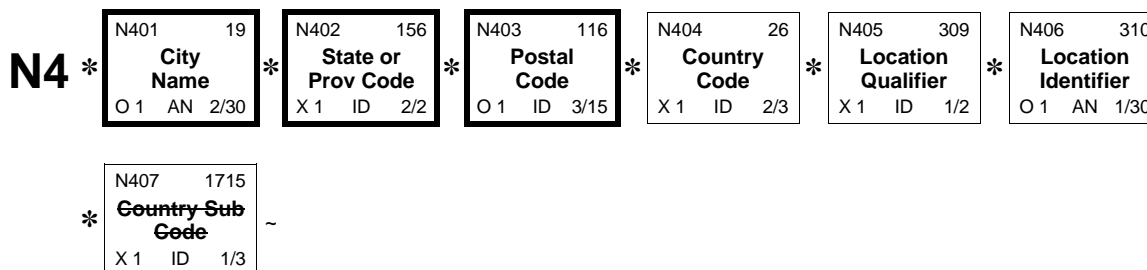
Purpose: To specify the geographic place of the named party

Syntax: 1. **E0207**  
Only one of N402 or N407 may be present.

2. **C0605**  
If N406 is present, then N405 is required.

3. **C0704**  
If N407 is present, then N404 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	N401	19	<b>City Name</b> Free-form text for city name  OD: 837A1_2010BA_N401__SubscriberCityName  COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.  <b>UB-92 Reference [UB-92 Name]:</b> <b>84, Line c [Remarks]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 31 Field No. 6 (Sequence 01-03)</b>	O	AN	2/30
REQUIRED	N402	156	<b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency  OD: 837A1_2010BA_N402__SubscriberStateCode  SYNTAX: E0207  COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.  CODE SOURCE 22: States and Outlying Areas of the U.S.  <b>UB-92 Reference [UB-92 Name]:</b> <b>84, Line c [Remarks]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 31 Field No. 7 (Sequence 01-03)</b>	X	ID	2/2
REQUIRED	N403	116	<b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States)  OD: 837A1_2010BA_N403__SubscriberPostalZoneorZIPCode  CODE SOURCE 51: ZIP Code  <b>UB-92 Reference [UB-92 Name]:</b> <b>84, Line d [Remarks]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 31 Field No. 8 (Sequence 01-03)</b>	O	ID	3/15
SITUATIONAL	N404	26	<b>Country Code</b> Code identifying the country  OD: 837A1_2010BA_N404__CountryCode  SYNTAX: C0704  CODE SOURCE 5: Countries, Currencies and Funds  <b>This data element is required when the address is outside of the U.S.</b>	X	ID	2/3

SITUATIONAL	N405	309	<b>Location Qualifier</b> Code identifying type of location  OD: 837A1_2010BA_N405__  SYNTAX: C0605	X	ID	1/2				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>CO</td><td><b>County/Parish and State</b>  The county code is to be reported when required by State or Federal law or regulations.</td></tr></table>	CODE	DEFINITION	CO	<b>County/Parish and State</b>  The county code is to be reported when required by State or Federal law or regulations.			
CODE	DEFINITION									
CO	<b>County/Parish and State</b>  The county code is to be reported when required by State or Federal law or regulations.									
SITUATIONAL	N406	310	<b>Location Identifier</b> Code which identifies a specific location  OD: 837A1_2010BA_N406__  SYNTAX: C0605	O	AN	1/30				
NOT USED	N407	1715	<b>Country Subdivision Code</b>	X 1	ID	1/3				

IMPLEMENTATION

## SUBSCRIBER DEMOGRAPHIC INFORMATION

Loop: 2010BA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2010BA\_DMG

Notes: 1. This segment is required when the Patient is the same person as the Subscriber. (Required when Loop ID 2000B, SBR02- 18 (self)).

Example: DMG\*D8\*19290730\*M~

STANDARD

### DMG Demographic Information

Level: Detail

Position: 0320

Loop: 2010

Requirement: Optional

Max Use: 1

Purpose: To supply demographic information

Syntax: 1. P0102

If either DMG01 or DMG02 is present, then the other is required.

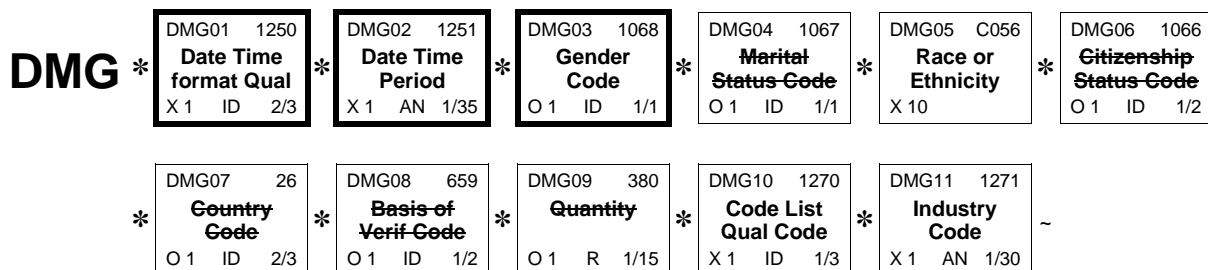
2. P1011

If either DMG10 or DMG11 is present, then the other is required.

3. C1105

If DMG11 is present, then DMG05 is required.

DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES										
REQUIRED	DMG01	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format  od: 837A1_2010BA_DMG01__DateTimePeriodFormatQualifier  SYNTAX: P0102	X	ID	2/3								
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>D8</td><td>Date Expressed in Format CCYYMMDD</td></tr></table>	CODE	DEFINITION	D8	Date Expressed in Format CCYYMMDD							
CODE	DEFINITION													
D8	Date Expressed in Format CCYYMMDD													
REQUIRED	DMG02	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times  od: 837A1_2010BA_DMG02__SubscriberBirthDate  <i>ALIAS: Date of Birth - Patient</i>  SYNTAX: P0102  SEMANTIC: DMG02 is the date of birth.  EMC v.6.0 Reference: Record Type 20 Field No. 8	X	AN	1/35								
REQUIRED	DMG03	1068	<b>Gender Code</b> Code indicating the sex of the individual  od: 837A1_2010BA_DMG03__SubscriberGenderCode  <i>ALIAS: Gender - Patient</i>  EMC v.6.0 Reference: Record Type 30 Field No. 15	O	ID	1/1								
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>F</td><td>Female</td></tr><tr><td>M</td><td>Male</td></tr><tr><td>U</td><td>Unknown</td></tr></table>	CODE	DEFINITION	F	Female	M	Male	U	Unknown			
CODE	DEFINITION													
F	Female													
M	Male													
U	Unknown													
NOT USED	DMG04	1067	<b>Marital Status Code</b>	O 1	ID	1/1								
SITUATIONAL	DMG05	C056	<b>COMPOSITE RACE OR ETHNICITY INFORMATION</b> To send general and detailed information on race or ethnicity  od: 837A1_2010BA_DMG05_C056  Composite C056 may repeat up to 10 times to accommodate the OMB Directive 15 specification that allows individuals to report more than one race code along with the ethnicity code.	X 10										
NOT USED	DMG05 - 1	1109	<b>Race or Ethnicity Code</b>	O	ID	1/1								
SITUATIONAL	DMG05 - 2	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2010BA_DMG05_C05602_  INDUSTRY: Code List Qualifier Code	X	ID	1/3								

The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.

CODE	DEFINITION
<b>RET</b>	<b>Classification of Race or Ethnicity</b>

CODE SOURCE 859: Classification of Race or Ethnicity

**SITUATIONAL** DMG05 - 3

**1271 Industry Code** X AN 1/30  
Code indicating a code from a specific industry code list

od: 837A1\_2010BA\_DMG05\_C05603\_

**INDUSTRY: Race or Ethnicity Code**

The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.

The Classification of Race and Ethnicity is a detailed code list that uniquely identifies each known race and ethnicity entity and organizes these entities in a hierarchical structure. For the convenience of the users of this guide, the high level race and ethnicity entities are listed with their unique identification number from the code list.

Level	Unique ID	Description
R1	10025	American Indian
R2	20289	Asian
R3	20545	Black or African American
R4	20768	Native Hawaiian or Pacific Islander
R5	21063	White
R9	21089	Other Race
E1	21337	Hispanic or Latino Ethnicity
E2	21865	Non Hispanic or Latino Ethnicity

<b>NOT USED</b>	<b>DMG06</b>	<b>1066</b>	<b>Citizenship Status Code</b>	<b>O 1 ID 1/2</b>
<b>NOT USED</b>	<b>DMG07</b>	<b>26</b>	<b>Country Code</b>	<b>O 1 ID 2/3</b>
<b>NOT USED</b>	<b>DMG08</b>	<b>659</b>	<b>Basis of Verification Code</b>	<b>O 1 ID 1/2</b>
<b>NOT USED</b>	<b>DMG09</b>	<b>380</b>	<b>Quantity</b>	<b>O 1 R 1/15</b>
<b>SITUATIONAL</b>	<b>DMG10</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>X ID 1/3</b>

Code identifying a specific industry code list

od: 837A1\_2010BA\_DMG10\_\_

SYNTAX: P1011

**INDUSTRY: Code List Qualifier Code**

The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.

CODE	DEFINITION
<b>REC</b>	<b>Race or Ethnicity Collection Code</b>

CODE SOURCE 860: Race or Ethnicity Collection Code

<b>SITUATIONAL</b>	<b>DMG11</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
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Code indicating a code from a specific industry code list

OD: 837A1\_2010BA\_DMG11\_\_

SYNTAX: P1011, C1105

SEMANTIC: DMG11 is used to specify how the information in DMG05, including repeats of C056, was collected.

**The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.**

**INDUSTRY: *Collection Method Code***



## IMPLEMENTATION

## SUBSCRIBER SECONDARY IDENTIFICATION

Loop: 2010BA — SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 4

Segment OD: 837A1\_2010BA\_REF

Notes: 1. Required when a secondary identification number is necessary to identify the entity. The primary identification number should be carried in NM109.

Example: REF\*SY\*030385074~

## STANDARD

## REF Reference Identification

Level: Detail

Position: 0350

Loop: 2010

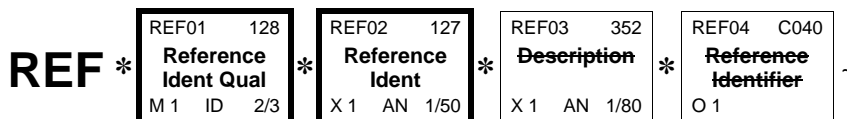
Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203  
At least one of REF02 or REF03 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification  OD: 837A1_2010BA_REF01__ReferenceIdentificationQualifier	M	ID	2/3
			CODE	DEFINITION		
			1W	Member Identification Number If NM108 = MI, this qualifier cannot be used.		
			ABB	Personal ID Number Used for state specific linkage variables at the encounter.		
			IG	Insurance Policy Number		

			SY	Social Security Number			
REQUIRED	REF02	127	Reference Identification		X	AN	1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			OD: 837A1_2010BA_REF02__SubscriberSupplementalIdentifier				
			SYNTAX: R0203				
NOT USED	REF03	352	Description		X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER		O 1		

## IMPLEMENTATION

## PAYER NAME

Loop: 2010BC — PAYER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1\_2010BC

Segment OD: 837A1\_2010BC\_NM1

Notes: 1. This is the primary payer.

2. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example: NM1\*PR\*2\*UNION MUTUAL OF OREGON\*\*\*\*\*PI\*43140~

## STANDARD

## NM1 Individual or Organizational Name

Level: Detail

Position: 0150

Loop: 2010 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

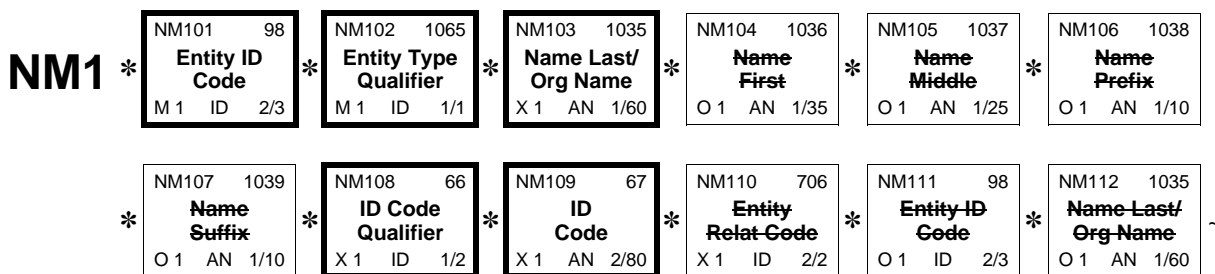
**Set Notes:** 1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

**Syntax:** 1. **P0809**  
If either NM108 or NM109 is present, then the other is required.

2. **C1110**  
If NM111 is present, then NM110 is required.

3. **C1203**  
If NM112 is present, then NM103 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual  od: 837A1_2010BC_NM101__EntityIdentifierCode	M	ID	2/3						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>PR</td><td>Payer</td></tr></table>	CODE	DEFINITION	PR	Payer					
CODE	DEFINITION											
PR	Payer											
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  od: 837A1_2010BC_NM102__EntityTypeQualifier  SEMANTIC: NM102 qualifies NM103.	M	ID	1/1						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	CODE	DEFINITION	2	Non-Person Entity					
CODE	DEFINITION											
2	Non-Person Entity											
REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  od: 837A1_2010BC_NM103__PayerName  SYNTAX: C1203  UB-92 Reference [UB-92 Name]: 50 (A-C) [Payer Identification]  EMC v.6.0 Reference: Record Type 30 Field No. 8b (Sequence 01-03) Record Type 32 Field No. 4 (Sequence 01-03)	X	AN	1/60						
NOT USED	NM104	1036	<b>Name First</b>	O 1	AN	1/35						
NOT USED	NM105	1037	<b>Name Middle</b>	O 1	AN	1/25						
NOT USED	NM106	1038	<b>Name Prefix</b>	O 1	AN	1/10						
NOT USED	NM107	1039	<b>Name Suffix</b>	O 1	AN	1/10						
REQUIRED	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  od: 837A1_2010BC_NM108__IdentificationCodeQualifier  SYNTAX: P0809  EMC v.6.0 Reference: Record Type 30 Field No. 5, 6 (Sequence 01-03)	X	ID	1/2						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>PI</td><td>Payor Identification</td></tr><tr><td>XV</td><td>Health Care Financing Administration National Payer Identification Number (PAYERID)</td></tr></table> CODE SOURCE 540: Health Care Financing Administration National PAYERID	CODE	DEFINITION	PI	Payor Identification	XV	Health Care Financing Administration National Payer Identification Number (PAYERID)			
CODE	DEFINITION											
PI	Payor Identification											
XV	Health Care Financing Administration National Payer Identification Number (PAYERID)											

<b>REQUIRED</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code  OD: 837A1_2010BC_NM109__PayerIdentifier  <i>ALIAS: Primary Payer ID</i>  SYNTAX: P0809	<b>X</b>	<b>AN</b>	<b>2/80</b>
<b>NOT USED</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X 1</b>	<b>ID</b>	<b>2/2</b>
<b>NOT USED</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O 1</b>	<b>AN</b>	<b>1/60</b>

## IMPLEMENTATION

## PAYER SECONDARY IDENTIFICATION

Loop: 2010BC — PAYER NAME

Usage: SITUATIONAL

Repeat: 3

Segment OD: 837A1\_2010BC\_REF

Notes: 1. Required if additional identification numbers other than the primary identification number in NM108/09 in this loop are necessary to adjudicate the claim/encounter.

Example: REF\*FY\*435261708~

## STANDARD

## REF Reference Identification

Level: Detail

Position: 0350

Loop: 2010

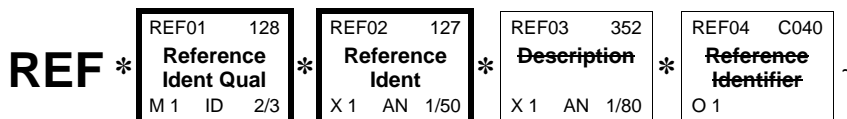
Requirement: Optional

Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203  
At least one of REF02 or REF03 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification  OD: 837A1_2010BC_REF01__ReferenceIdentificationQualifier	M	ID	2/3
			CODE	DEFINITION		
			2U	Payer Identification Number This code can be used to identify any payer's identification number (the payer can be Medicaid, a commercial payer, TPA, etc). Whatever number is used has been defined between trading partners.		
			NF	National Association of Insurance Commissioners (NAIC) Code		

CODE SOURCE 245: National Association of Insurance  
Commissioners (NAIC) Code

			TJ	Federal Taxpayer's Identification Number
REQUIRED	REF02	127	Reference Identification	X AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			OD: 837A1_2010BC_REF02__PayerAdditionalIdentifier	
			SYNTAX: R0203	
			EMC v.6.0 Reference:	
			Record Type 30 Field No. 5, 6 (Sequence 01-03)	
			Record Type 31 Field No. 15	
NOT USED	REF03	352	Description	X 1 AN 1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1

## IMPLEMENTATION

**PATIENT HIERARCHICAL LEVEL**

Loop: 2000C — PATIENT HIERARCHICAL LEVEL Repeat: &gt;1

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1\_2000C

Segment OD: 837A1\_2000C\_HL

- Notes:
1. Because the usage of this segment is “Situational” this is not a syntactically required loop. If this loop is used, then this segment is a “Required” segment. See Appendix A for further details on ASC X12 nomenclature.
  2. Receiving trading partners may have system limitations regarding the size of the transmission they can receive. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. While the implementation guide sets no specific limit to the number of Patient Hierarchical Level loops, there is an implied maximum of 5000.
  3. This HL is required when the patient is a different person than the subscriber. There are no HL’s subordinate to the Patient HL. It should be noted that for most encounters, the subscriber is the patient. When this occurs, this loop (hierarchical level) will not be necessary, since the patient information will be provided in Loop ID 2000B. If, however, the patient is a dependent of the subscriber (e.g. spouse, child, or other dependent), then this loop is required to report the patient information, which will be different than the subscriber information.

Example: HL\*125\*124\*23\*0~

## STANDARD

**HL** Hierarchical Level

Level: Detail

Position: 0010

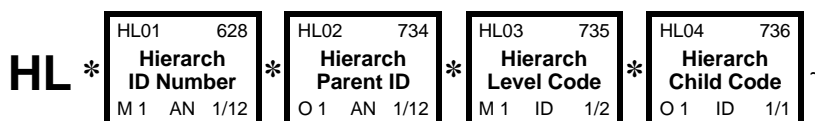
Loop: 2000 Repeat: &gt;1

Requirement: Mandatory

Max Use: 1

**Purpose:** To identify dependencies among and the content of hierarchically related groups of data segments

## DIAGRAM





## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES				
REQUIRED	HL01	628	<b>Hierarchical ID Number</b> A unique number assigned by the sender to identify a particular data segment in a hierarchical structure  OD: 837A1_2000C_HL01__HierarchicalIDNumber  COMMENT: HL01 shall contain a unique alphanumeric number for each occurrence of the HL segment in the transaction set. For example, HL01 could be used to indicate the number of occurrences of the HL segment, in which case the value of HL01 would be "1" for the initial HL segment and would be incremented by one in each subsequent HL segment within the transaction.	M AN 1/12				
REQUIRED	HL02	734	<b>Hierarchical Parent ID Number</b> Identification number of the next higher hierarchical data segment that the data segment being described is subordinate to  OD: 837A1_2000C_HL02__HierarchicalParentIDNumber  COMMENT: HL02 identifies the hierarchical ID number of the HL segment to which the current HL segment is subordinate.	O AN 1/12				
REQUIRED	HL03	735	<b>Hierarchical Level Code</b> Code defining the characteristic of a level in a hierarchical structure  OD: 837A1_2000C_HL03__HierarchicalLevelCode  COMMENT: HL03 indicates the context of the series of segments following the current HL segment up to the next occurrence of an HL segment in the transaction. For example, HL03 is used to indicate that subsequent segments in the HL loop form a logical grouping of data referring to shipment, order, or item-level information.	M ID 1/2				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>PT</td><td>Patient</td></tr></table>	CODE	DEFINITION	PT	Patient	
CODE	DEFINITION							
PT	Patient							
REQUIRED	HL04	736	<b>Hierarchical Child Code</b> Code indicating if there are hierarchical child data segments subordinate to the level being described  OD: 837A1_2000C_HL04__HierarchicalChildCode  COMMENT: HL04 indicates whether or not there are subordinate (or child) HL segments related to the current HL segment.  The claim loop (Loop ID-2300) can be used only when HL04 has no subordinate levels (HL04 = 0).	O ID 1/1				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>0</td><td>No Subordinate HL Segment in This Hierarchical Structure.</td></tr></table>	CODE	DEFINITION	0	No Subordinate HL Segment in This Hierarchical Structure.	
CODE	DEFINITION							
0	No Subordinate HL Segment in This Hierarchical Structure.							

## IMPLEMENTATION

## PATIENT INFORMATION

Loop: 2000C — PATIENT HIERARCHICAL LEVEL

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2000C\_PAT

Notes: 1. Required if the patient is not the same person as the reported subscriber in Loop ID 2000B.

Example: PAT\*\*\*\*\*N~

## STANDARD

## PAT Patient Information

Level: Detail

Position: 0070

Loop: 2000

Requirement: Optional

Max Use: 1

Purpose: To supply patient information

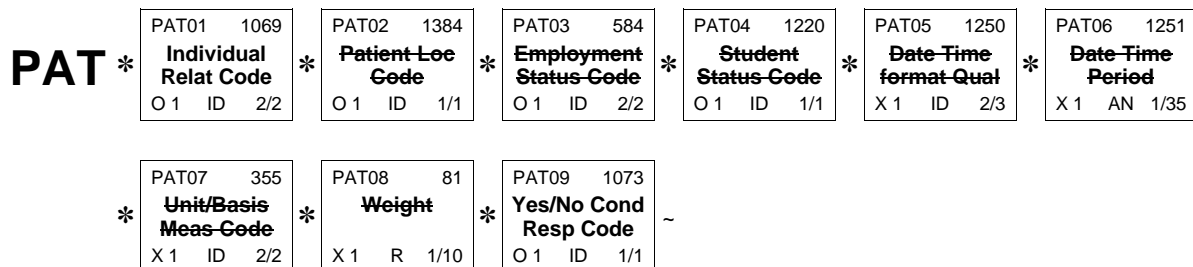
Syntax: 1. P0506

If either PAT05 or PAT06 is present, then the other is required.

2. P0708

If either PAT07 or PAT08 is present, then the other is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES										
SITUATIONAL	PAT01	1069	<b>Individual Relationship Code</b> Code indicating the relationship between two individuals or entities  OD: 837A1_2000C_PAT01__IndividualRelationshipCode  <i>ALIAS: Patients Relationship to Insured</i>  <b>EMC Reference:</b> <b>30 Field No. 18</b>  <b>UB-92 Reference [UB-92 Name]:</b> <b>59 (A-C) [Patient's Relationship to Insured]</b>  This data element is required when authorized by state or federal law or regulations.  Use this code only when the subscriber is the same person as the patient. If the subscriber is not the same person as the patient, do not use this element.	O	ID	2/2								
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>18</td><td>Self</td></tr></tbody></table>	CODE	DEFINITION	18	Self							
CODE	DEFINITION													
18	Self													
NOT USED	PAT02	1384	<b>Patient Location Code</b>	O 1	ID	1/1								
NOT USED	PAT03	584	<b>Employment Status Code</b>	O 1	ID	2/2								
NOT USED	PAT04	1220	<b>Student Status Code</b>	O 1	ID	1/1								
NOT USED	PAT05	1250	<b>Date Time Period Format Qualifier</b>	X 1	ID	2/3								
NOT USED	PAT06	1251	<b>Date Time Period</b>	X 1	AN	1/35								
NOT USED	PAT07	355	<b>Unit or Basis for Measurement Code</b>	X 1	ID	2/2								
NOT USED	PAT08	81	<b>Weight</b>	X 1	R	1/10								
SITUATIONAL	PAT09	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response  OD: 837A1_2000C_PAT09__PregnancyIndicator  SEMANTIC: PAT09 indicates whether the patient is pregnant or not pregnant. Code "Y" indicates the patient is pregnant; code "N" indicates the patient is not pregnant.  Used in Reporting Guide for potential Medicaid Reporting.  Required when required by state law (e.g., Indiana Medicaid) or when this loop must be reported because the patient is not the same person as reported in the subscriber in Loop 2000B.	O	ID	1/1								
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>N</td><td>No</td></tr><tr><td>U</td><td>Unknown</td></tr><tr><td>Y</td><td>Yes</td></tr></tbody></table>	CODE	DEFINITION	N	No	U	Unknown	Y	Yes			
CODE	DEFINITION													
N	No													
U	Unknown													
Y	Yes													

## IMPLEMENTATION

## PATIENT NAME

Loop: 2010CA — PATIENT NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1\_2010CA

Segment OD: 837A1\_2010CA\_NM1

Notes: 1. When this information cannot be reported by state or federal law or regulation, then the patient name should be masked.

Example: NM1\*QC\*1\*DOE\*SALLY\*\*\*\*\*34\*123456789~

## STANDARD

## NM1 Individual or Organizational Name

Level: Detail

Position: 0150

Loop: 2010 Repeat: 10

Requirement: Optional

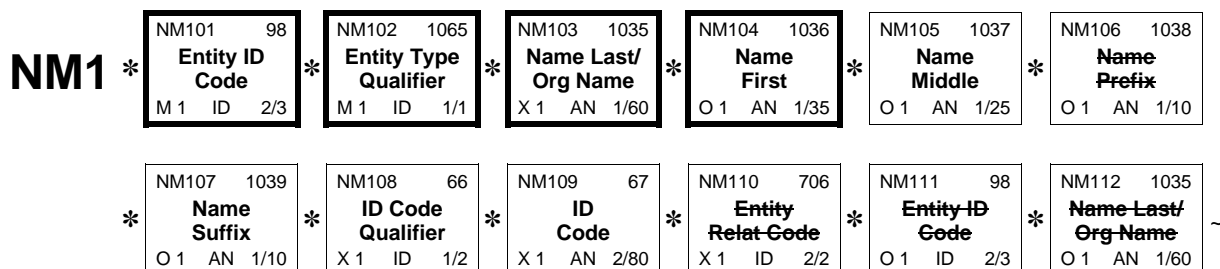
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2010 contains information about entities that apply to all claims in loop 2300. For example, these entities may include billing provider, pay-to provider, insurer, primary administrator, contract holder, or claimant.

- Syntax: 1. **P0809**  
If either NM108 or NM109 is present, then the other is required.
2. **C1110**  
If NM111 is present, then NM110 is required.
3. **C1203**  
If NM112 is present, then NM103 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual  od: 837A1_2010CA_NM101__EntityIdentifierCode	M	ID	2/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>QC</td><td>Patient</td></tr></table>	CODE	DEFINITION	QC	Patient			
CODE	DEFINITION									
QC	Patient									
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  od: 837A1_2010CA_NM102__EntityTypeQualifier  SEMANTIC: NM102 qualifies NM103.	M	ID	1/1				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Person</td></tr></table>	CODE	DEFINITION	1	Person			
CODE	DEFINITION									
1	Person									
REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  od: 837A1_2010CA_NM103__PatientLastName  SYNTAX: C1203  UB-92 Reference [UB-92 Name]: 12 [Patient Name]  EMC v.6.0 Reference: Record Type 20 Field No. 4  When this information cannot be reported by state or federal law or regulation, then the last name should be masked.	X	AN	1/60				
REQUIRED	NM104	1036	<b>Name First</b> Individual first name  od: 837A1_2010CA_NM104__PatientFirstName  UB-92 Reference [UB-92 Name]: BHT04 is the Processing Date - UB cross reference 01020. []  EMC v.6.0 Reference: Record Type 20 Field No. 5  When this information cannot be reported by state or federal law or regulation, then the first name should be masked.	O	AN	1/35				

SITUATIONAL	NM105	1037	<div>Name Middle</div> <div>Individual middle name or initial</div> <div>od: 837A1_2010CA_NM105__PatientMiddleName</div> <div>UB-92 Reference [UB-92 Name]:</div> <div>BHT03 is the file sequence and serial number - UB cross reference 01017. []</div> <div>EMC v.6.0 Reference:</div> <div>Record Type 20 Field No. 6</div> <div>When this information cannot be reported by state or federal law or regulation, then the middle name should be masked.</div>	O	AN	1/25						
NOT USED	NM106	1038	<div>Name Prefix</div> <div></div> <div>od: 837A1_2010CA_NM107__PatientNameSuffix</div> <div>ALIAS: Patient's Generation</div> <div>This data element is required when the NM102 equals one (1) and the name suffix is known. Examples: I, II, III, IV, Jr, Sr.</div> <div>When this information cannot be reported by state or federal law or regulation, then the name suffix should be masked.</div>	O 1	AN	1/10						
SITUATIONAL	NM107	1039	<div>Name Suffix</div> <div>Suffix to individual name</div> <div>od: 837A1_2010CA_NM107__PatientNameSuffix</div> <div>ALIAS: Patient's Generation</div> <div>This data element is required when the NM102 equals one (1) and the name suffix is known. Examples: I, II, III, IV, Jr, Sr.</div> <div>When this information cannot be reported by state or federal law or regulation, then the name suffix should be masked.</div>	O	AN	1/10						
SITUATIONAL	NM108	66	<div>Identification Code Qualifier</div> <div>Code designating the system/method of code structure used for Identification Code (67)</div> <div>od: 837A1_2010CA_NM108__IdentificationCodeQualifier</div> <div>SYNTAX: P0809</div> <div>This data element is required when the Patient's Identifier is a different from the Subscriber's Identifier and is permissible under state or federal law or regulation.</div>	X	ID	1/2						
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>34</td><td>Social Security Number</td></tr><tr><td>MI</td><td><div>Member Identification Number</div><div>The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.</div></td></tr></table>							CODE	DEFINITION	34	Social Security Number	MI	<div>Member Identification Number</div> <div>The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.</div>
CODE	DEFINITION											
34	Social Security Number											
MI	<div>Member Identification Number</div> <div>The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.</div>											

			<b>ZZ</b>	<b>Mutually Defined</b>  The value 'ZZ', when used in this data element shall be defined as "HIPAA Individual Identifier" once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.			
<b>SITUATIONAL</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b>		<b>X</b>	<b>AN</b>	<b>2/80</b>
			Code identifying a party or other code				
			OD: 837A1_2010CA_NM109__PatientPrimaryIdentifier				
			SYNTAX: P0809				
			<b>UB-92 Reference [UB-92 Name]:</b>				
			<b>60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]</b>				
			<b>EMC v.6.0 Reference:</b>				
			<b>Record Type 30 Field No. 7</b>				
			<b>This data element is required when the Patients ID is different from the Subscribers ID.</b>				
<b>NOT USED</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>		<b>X 1</b>	<b>ID</b>	<b>2/2</b>
<b>NOT USED</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>		<b>O 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>		<b>O 1</b>	<b>AN</b>	<b>1/60</b>

## IMPLEMENTATION

## PATIENT ADDRESS

Loop: 2010CA — PATIENT NAME

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1\_2010CA\_N3

Example: N3\*RFD 10\*100 COUNTRY LANE~

## STANDARD

## N3 Address Information

Level: Detail

Position: 0250

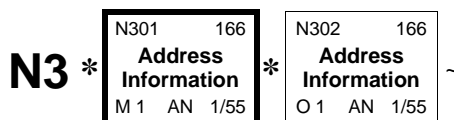
Loop: 2010

Requirement: Optional

Max Use: 2

Purpose: To specify the location of the named party

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	N301	166	<b>Address Information</b> Address information  od: 837A1_2010CA_N301__PatientAddressLine <b>UB-92 Reference [UB-92 Name]:</b> 13 [Patient Address]  <b>EMC v.6.0 Reference:</b> Record Type 20 Field No. 12	M AN 1/55
SITUATIONAL	N302	166	<b>Address Information</b> Address information  od: 837A1_2010CA_N302__PatientAddressLine <b>UB-92 Reference [UB-92 Name]:</b> 13 [Patient Address]  <b>EMC v.6.0 Reference:</b> Record Type 20 Field No. 13  Required if a second address line exists.	O AN 1/55



IMPLEMENTATION

## PATIENT CITY/STATE/ZIP CODE

Loop: 2010CA — PATIENT NAME

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1\_2010CA\_N4

Example: N4\*CORNFIELD TOWNSHIP\*IA\*99999~

STANDARD

### N4 Geographic Location

Level: Detail

Position: 0300

Loop: 2010

Requirement: Optional

Max Use: 1

Purpose: To specify the geographic place of the named party

Syntax: 1. E0207

Only one of N402 or N407 may be present.

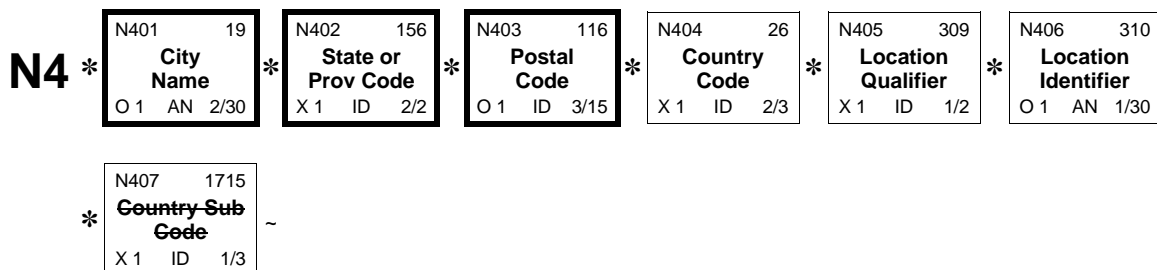
2. C0605

If N406 is present, then N405 is required.

3. C0704

If N407 is present, then N404 is required.

DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	N401	19	<b>City Name</b> Free-form text for city name  OD: 837A1_2010CA_N401__PatientCityName  COMMENT: A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.  <b>UB-92 Reference [UB-92 Name]:</b> <b>13 [Patient Address]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 20 Field No. 14</b>	O	AN	2/30
REQUIRED	N402	156	<b>State or Province Code</b> Code (Standard State/Province) as defined by appropriate government agency  OD: 837A1_2010CA_N402__PatientStateCode  SYNTAX: E0207  COMMENT: N402 is required only if city name (N401) is in the U.S. or Canada.  CODE SOURCE 22: States and Outlying Areas of the U.S.  <b>UB-92 Reference [UB-92 Name]:</b> <b>Federal Tax ID []</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 20 Field No. 15</b>	X	ID	2/2
REQUIRED	N403	116	<b>Postal Code</b> Code defining international postal zone code excluding punctuation and blanks (zip code for United States)  OD: 837A1_2010CA_N403__PatientPostalZoneorZIPCode  CODE SOURCE 51: ZIP Code  <b>UB-92 Reference [UB-92 Name]:</b> <b>13 [Patient Address]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 20 Field No. 16</b>	O	ID	3/15
SITUATIONAL	N404	26	<b>Country Code</b> Code identifying the country  OD: 837A1_2010CA_N404__CountryCode  SYNTAX: C0704  CODE SOURCE 5: Countries, Currencies and Funds  <b>This data element is required when the address is outside of the U.S.</b>	X	ID	2/3

SITUATIONAL	N405	309	<b>Location Qualifier</b> Code identifying type of location  OD: 837A1_2010CA_N405__  SYNTAX: C0605	X	ID	1/2				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>CO</td><td>County/Parish and State</td></tr></table>							CODE	DEFINITION	CO	County/Parish and State
CODE	DEFINITION									
CO	County/Parish and State									
SITUATIONAL	N406	310	<b>Location Identifier</b> Code which identifies a specific location  OD: 837A1_2010CA_N406__  SYNTAX: C0605  <b>The county code is to be reported when required by State or Federal law or regulations, or when reporting this data on a voluntary basis is permitted by State or Federal law or regulations.</b>	O	AN	1/30				
NOT USED	N407	1715	<b>Country Subdivision Code</b>	X 1	ID	1/3				

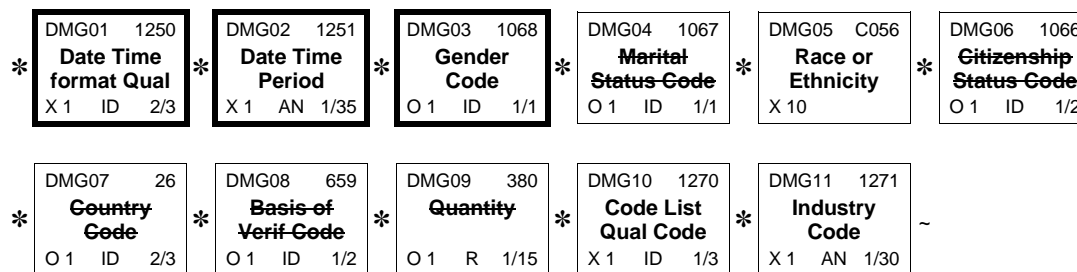
## PATIENT DEMOGRAPHIC INFORMATION

**Example: DMG\*D8\*19530101\*F~**

## DMG Demographic Information

**Syntax: 1. P0102**

If DMG11 is present, then DMG05 is required.

**DMG**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES				
<b>REQUIRED</b>	<b>DMG01</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format  od: 837A1_2010CA_DMG01__DateTimePeriodFormatQualifier  SYNTAX: P0102	<b>X</b>      <b>ID</b>      <b>2/3</b>				
			<table border="1"> <thead> <tr> <th>CODE</th><th>DEFINITION</th></tr> </thead> <tbody> <tr> <td><b>D8</b></td><td><b>Date Expressed in Format CCYYMMDD</b></td></tr> </tbody> </table>	CODE	DEFINITION	<b>D8</b>	<b>Date Expressed in Format CCYYMMDD</b>	
CODE	DEFINITION							
<b>D8</b>	<b>Date Expressed in Format CCYYMMDD</b>							

REQUIRED	DMG02	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times  od: 837A1_2010CA_DMG02__PatientBirthDate  <i>ALIAS: Patient's Date of Birth</i>  SYNTAX: P0102  SEMANTIC: DMG02 is the date of birth.  <b>UB-92 Reference [UB-92 Name]:</b> <b>14 [Patient Birthdate]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 20 Field No. 8 (MMDDCCYY)</b>	X	AN	1/35								
REQUIRED	DMG03	1068	<b>Gender Code</b> Code indicating the sex of the individual  od: 837A1_2010CA_DMG03__PatientGenderCode  <b>UB-92 Reference [UB-92 Name]:</b> <b>15 [Patient Sex]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 20 Field No. 7</b> <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>F</td><td>Female</td></tr><tr><td>M</td><td>Male</td></tr><tr><td>U</td><td>Unknown</td></tr></table>	CODE	DEFINITION	F	Female	M	Male	U	Unknown	O	ID	1/1
CODE	DEFINITION													
F	Female													
M	Male													
U	Unknown													
NOT USED	DMG04	1067	<b>Marital Status Code</b>	O 1	ID	1/1								
SITUATIONAL	DMG05	C056	<b>COMPOSITE RACE OR ETHNICITY INFORMATION</b> To send general and detailed information on race or ethnicity  od: 837A1_2010CA_DMG05_C056  <b>Composite C056 may repeat up to 10 times to accommodate the OMB Directive 15 specification that allows individuals to report more than one race code along with the ethnicity code.</b>	X 10										
NOT USED	DMG05 - 1	1109	<b>Race or Ethnicity Code</b>	O	ID	1/1								
SITUATIONAL	DMG05 - 2	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2010CA_DMG05_C05602_  <i>INDUSTRY: Code List Qualifier Code</i>  <b>The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.</b> <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>RET</td><td><b>Classification of Race or Ethnicity</b>  CODE SOURCE 859: Classification of Race or Ethnicity</td></tr></table>	CODE	DEFINITION	RET	<b>Classification of Race or Ethnicity</b>  CODE SOURCE 859: Classification of Race or Ethnicity	X	ID	1/3				
CODE	DEFINITION													
RET	<b>Classification of Race or Ethnicity</b>  CODE SOURCE 859: Classification of Race or Ethnicity													

<b>SITUATIONAL</b>	<b>DMG05 - 3</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
Code indicating a code from a specific industry code list						

od: 837A1\_2010CA\_DMG05\_C05603\_

**INDUSTRY: Race or Ethnicity Code**

The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.

The Classification of Race and Ethnicity is a detailed code list that uniquely identifies each known race and ethnicity entity and organizes these entities in a hierarchical structure. For the convenience of the users of this guide, the high level race and ethnicity entities are listed with their unique identification number from the code list.

Level	Unique ID	Description
R1	10025	American Indian
R2	20289	Asian
R3	20545	Black or African American
R4	20768	Native Hawaiian or Pacific Islander
R5	21063	White
R9	21089	Other Race
E1	21337	Hispanic or Latino Ethnicity
E2	21865	Non Hispanic or Latino Ethnicity

<b>NOT USED</b>	<b>DMG06</b>	<b>1066</b>	<b>Citizenship Status Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/2</b>
<b>NOT USED</b>	<b>DMG07</b>	<b>26</b>	<b>Country Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>DMG08</b>	<b>659</b>	<b>Basis of Verification Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/2</b>
<b>NOT USED</b>	<b>DMG09</b>	<b>380</b>	<b>Quantity</b>	<b>O 1</b>	<b>R</b>	<b>1/15</b>
<b>SITUATIONAL</b>	<b>DMG10</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>X</b>	<b>ID</b>	<b>1/3</b>
Code identifying a specific industry code list						

od: 837A1\_2010CA\_DMG10\_\_

SYNTAX: P1011

**INDUSTRY: Code List Qualifier Code**

The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.

CODE	DEFINITION
<b>REC</b>	<b>Race or Ethnicity Collection Code</b>
CODE SOURCE <b>860</b> : Race or Ethnicity Collection Code	

<b>SITUATIONAL</b>	<b>DMG11</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
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Code indicating a code from a specific industry code list

OD: 837A1\_2010CA\_DMG11\_\_

SYNTAX: P1011, C1105

SEMANTIC: DMG11 is used to specify how the information in DMG05, including repeats of C056, was collected.

**INDUSTRY: *Collection Method Code***

**The race and/or ethnicity codes are to be reported when required by State or Federal law or regulations.**

IMPLEMENTATION

## PATIENT SECONDARY IDENTIFICATION NUMBER

Loop: 2010CA — PATIENT NAME

Usage: SITUATIONAL

Repeat: 5

Segment OD: 837A1\_2010CA\_REF

Notes: 1. This segment is required when an additional identification number is needed.

Example: REF\*A6\*030385074~

STANDARD

### REF Reference Identification

Level: Detail

Position: 0350

Loop: 2010

Requirement: Optional

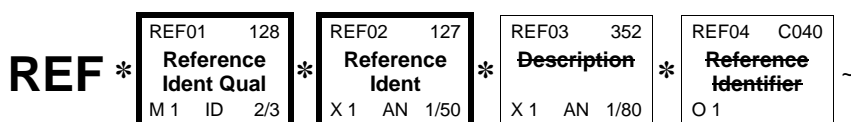
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification  od: 837A1_2010CA_REF01__ReferenceIdentificationQualifier	M	ID	2/3
			CODE	DEFINITION		
			1W	Member Identification Number If NM108 = MI, this qualifier cannot be used.		
			ABB	Personal ID Number Used for state specific linkage variables at the encounter.		
			IG	Insurance Policy Number		



			SY	Social Security Number			
REQUIRED	REF02	127	Reference Identification		X	AN	1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			OD: 837A1_2010CA_REF02__PatientSecondaryIdentifier				
			SYNTAX: R0203				
NOT USED	REF03	352	Description		X 1	AN	1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER		O 1		

**IMPLEMENTATION**

## CLAIM INFORMATION

Loop: 2300 — CLAIM INFORMATION Repeat: 100

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1\_2300

Segment OD: 837A1\_2300\_CLM

- Notes:
1. The developers of this implementation guide recommend that trading partners limit the size of the transaction (ST-SE envelope) to a maximum of 5000 CLM segments. There is no recommended limit to the number of ST-SE transactions within a GS-GE or ISA-IEA. Willing trading partners can agree to set limits higher.
  2. For purposes of this documentation, the claim detail information is presented only in the dependent level. Specific claim detail information can be given in either the subscriber or the dependent hierarchical level. Because of this the claim information is said to “float.” Claim information is positioned in the same hierarchical level that describes its owner-participant, either the subscriber or the dependent. In other words, the claim information, loop 2300, is placed following loop 2010BC in the subscriber hierarchical level when the patient is the subscriber, or it is placed at the patient/dependent hierarchical level when the patient is the dependent of the subscriber as shown here. When the patient is the subscriber, loops 2000C and 2010CA are not sent. See 2.3.2.1, HL Segment, for details.

Example: CLM\*01319300001\*500\*\*\*11:A:1\*Y\*A\*Y\*Y\*\*\*02\*\*\*\*\*N~

**STANDARD**

## CLM Health Claim

Level: Detail

Position: 1300

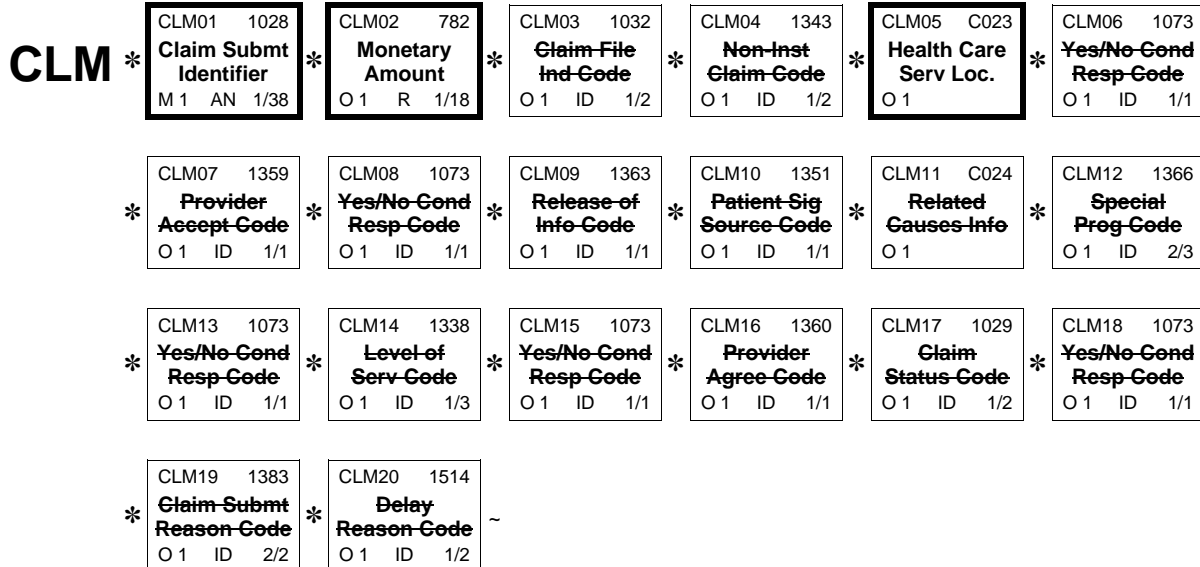
Loop: 2300 Repeat: 100

Requirement: Optional

Max Use: 1

Purpose: To specify basic data about the claim

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	CLM01	1028	<b>Claim Submitter's Identifier</b> Identifier used to track a claim from creation by the health care provider through payment  OD: 837A1_2300_CLM01__PatientAccountNumber  ALIAS: <i>Patient Control Number</i>  UB-92 Reference [UB-92 Name]: <b>3 [Patient Control Number]</b>  EMC v.6.0 Reference: <b>Record Type 20 Field No. 3</b>  The Patient Control Number as defined by the National Uniform Billing Committee is a unique number assigned by the provider to facilitate retrieval of individual financial and clinical records and posting of the payment. This is typically a key element in provider information systems for retrieval of an individual's records, which is why it is also necessary for reporting functions.  The MAXIMUM NUMBER OF CHARACTERS to be supported for this field is '20'. A Provider may submit fewer characters depending upon their needs. However, the HIPAA maximum requirement to be supported by any responding system is '20'. Characters beyond 20 are not required to be stored nor returned by any receiving system.	<b>M AN 1/38</b>

REQUIRED	CLM02	782	<b>Monetary Amount</b> Monetary amount  OD: 837A1_2300_CLM02__TotalClaimChargeAmount  <b>ALIAS: Total Claim Charges</b>  <b>SEMANTIC:</b> CLM02 is the total amount of all submitted charges of service segments for this claim.  <b>UB-92 Reference [UB-92 Name]:</b> <b>47 (Revenue Code 001) This amount is the total of the SV2 segments, with the exception of Revenue Code 001. [Total Charges (by Revenue Code Category)]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 90 Field No. 13 (Total of Field No. 13 and Field No. 15. This amount is the total of the SV2 segments, with the exception of Revenue Code 001.)</b>  <b>Use this element to indicate the total amount of all submitted charges of service segments for this claim.</b>  <b>Zero may be a valid amount.</b>	O	R	1/18
NOT USED	CLM03	1032	<b>Claim Filing Indicator Code</b>	O	1	ID 1/2
NOT USED	CLM04	1343	<b>Non-Institutional Claim Type Code</b>	O	1	ID 1/2
REQUIRED	CLM05	C023	<b>HEALTH CARE SERVICE LOCATION INFORMATION</b> To provide information that identifies the place of service or the type of bill related to the location at which a health care service was rendered  OD: 837A1_2300_CLM05_C023  <b>ALIAS: Type of Bill</b>	O	1	
REQUIRED	CLM05 - 1	1331	<b>Facility Code Value</b> Code identifying the type of facility where services were performed; the first and second positions of the Uniform Bill Type code or the Place of Service code from the Electronic Media Claims National Standard Format  OD: 837A1_2300_CLM05_C02301_FacilityTypeCode  <b>UB-92 Reference [UB-92 Name]:</b> <b>4, Positions 1-2 [Type of Bill]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 40 Field No. 4, Positions 1-2</b> <b>Record Type 10 Field No. 2, Positions 1-2</b> <b>Record Type 95 Field No. 5, Position 1-2 (Batch Control)</b>  <b>For some state data collection systems the reporting of Interim bills is not authorized by state or federal law or regulations. In those instances only Type of Bill codes for admit through discharge claims would be permissible.</b>	M	AN	1/2

<b>REQUIRED</b>	<b>CLM05 - 2</b>	<b>1332</b>	<b>Facility Code Qualifier</b>	<b>O</b>	<b>ID</b>	<b>1/2</b>
Code identifying the type of facility referenced						
od: 837A1_2300_CLM05_C02302_FacilityCodeQualifier						

CODE	DEFINITION
------	------------

<b>A</b>	<b>Uniform Billing Claim Form Bill Type</b>
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CODE SOURCE 236: Uniform Billing Claim Form Bill Type

<b>REQUIRED</b>	<b>CLM05 - 3</b>	<b>1325</b>	<b>Claim Frequency Type Code</b>	<b>O</b>	<b>ID</b>	<b>1/1</b>
Code specifying the frequency of the claim; this is the third position of the Uniform Billing Claim Form Bill Type						

od: 837A1\_2300\_CLM05\_C02303\_ClaimFrequencyCode

CODE SOURCE 235: Claim Frequency Type Code

**UB-92 Reference [UB-92 Name]:****4, Position 3 [Type of Bill]****EMC v.6.0 Reference:****Record Type 40 Field No. 4, Position 3****Record Type 10 Field No. 2, Position 3****Record Type 95 Field No. 5, Position 3 (Batch Control)**

<b>NOT USED</b>	<b>CLM06</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>CLM07</b>	<b>1359</b>	<b>Provider Accept Assignment Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>CLM08</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>CLM09</b>	<b>1363</b>	<b>Release of Information Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>CLM10</b>	<b>1351</b>	<b>Patient Signature Source Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>CLM11</b>	<b>C024</b>	<b>RELATED CAUSES INFORMATION</b>	<b>O</b>	<b>1</b>		
<b>NOT USED</b>	<b>CLM12</b>	<b>1366</b>	<b>Special Program Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>CLM13</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>CLM14</b>	<b>1338</b>	<b>Level of Service Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>1/3</b>
<b>NOT USED</b>	<b>CLM15</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>CLM16</b>	<b>1360</b>	<b>Provider Agreement Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>CLM17</b>	<b>1029</b>	<b>Claim Status Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>1/2</b>
<b>NOT USED</b>	<b>CLM18</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>CLM19</b>	<b>1383</b>	<b>Claim Submission Reason Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>2/2</b>
<b>NOT USED</b>	<b>CLM20</b>	<b>1514</b>	<b>Delay Reason Code</b>	<b>O</b>	<b>1</b>	<b>ID</b>	<b>1/2</b>

## IMPLEMENTATION

**DISCHARGE HOUR**

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2300\_DTP

Notes: 1. The dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.

2. This segment is required on all final inpatient claims/encounters.

Example: DTP\*096\*TM\*1130~

## STANDARD

**DTP** Date or Time or Period

Level: Detail

Position: 1350

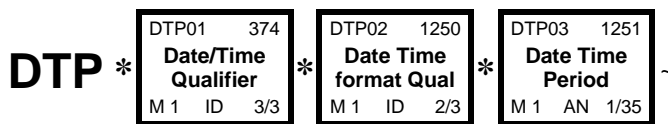
Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time  OD: 837A1_2300_DTP01__DateTimeQualifier	M ID 3/3
			CODE	DEFINITION
			096	Discharge

<b>REQUIRED</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M</b>	<b>ID</b>	<b>2/3</b>
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Code indicating the date format, time format, or date and time format

OD: 837A1\_2300\_DTP02\_\_DateTimePeriodFormatQualifier

SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.

CODE	DEFINITION
------	------------

<b>TM</b>	<b>Time Expressed in Format HHMM</b>
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<b>REQUIRED</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M</b>	<b>AN</b>	<b>1/35</b>
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Expression of a date, a time, or range of dates, times or dates and times

OD: 837A1\_2300\_DTP03\_\_DischargeHour

**UB-92 Reference [UB-92 Name]:**

**21 [Discharge Hour]**

**EMC v.6.0 Reference:**

**Record Type 20 Field No. 22**

## IMPLEMENTATION

## STATEMENT DATES

Loop: 2300 — CLAIM INFORMATION

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1\_2300\_DTP

Example: DTP\*434\*RD8\*19981209-19981214~

## STANDARD

**DTP** Date or Time or Period

Level: Detail

Position: 1350

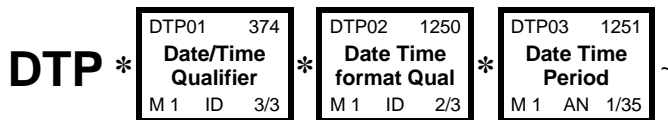
Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time  OD: 837A1_2300_DTP01__DateTimeQualifier	M	ID	3/3						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>434</td><td><b>Statement</b></td></tr></table>	CODE	DEFINITION	434	<b>Statement</b>					
CODE	DEFINITION											
434	<b>Statement</b>											
REQUIRED	DTP02	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format  OD: 837A1_2300_DTP02__DateTimePeriodFormatQualifier  SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.	M	ID	2/3						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>D8</td><td><b>Date Expressed in Format CCYYMMDD</b></td></tr><tr><td>RD8</td><td><b>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</b>  Use RD8 in DTP02 if it is necessary to indicate begin/end for from/to statement dates.</td></tr></table>	CODE	DEFINITION	D8	<b>Date Expressed in Format CCYYMMDD</b>	RD8	<b>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</b>  Use RD8 in DTP02 if it is necessary to indicate begin/end for from/to statement dates.			
CODE	DEFINITION											
D8	<b>Date Expressed in Format CCYYMMDD</b>											
RD8	<b>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</b>  Use RD8 in DTP02 if it is necessary to indicate begin/end for from/to statement dates.											



<b>REQUIRED</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times	<b>M</b>	<b>AN</b>	<b>1/35</b>
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OD: 837A1\_2300\_DTP03\_\_StatementFromorToDate

**UB-92 Reference [UB-92 Name]:**

**6 (From) and (Through) [Statement Covers Period]**

**EMC v.6.0 Reference:**

**Record Type 20 Field No. 19, 20**

## IMPLEMENTATION

## ADMISSION DATE/HOUR

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2300\_DTP

- Notes:
1. The dates in Loop ID-2300 apply to all service lines within Loop ID-2400 unless a DTP segment occurs in Loop ID-2400 with the same value in DTP01. In that case, the DTP in Loop ID-2400 overrides the DTP in Loop ID-2300 for that service line only.
  2. This segment is required on all Inpatient claims.
  3. This data element is required on outpatient claims when authorized by state or federal law or regulations.

Example: DTP\*435\*DT\*199610131242~

## STANDARD

## DTP Date or Time or Period

Level: Detail

Position: 1350

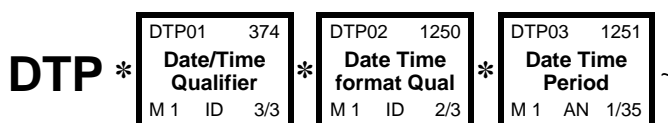
Loop: 2300

Requirement: Optional

Max Use: 150

Purpose: To specify any or all of a date, a time, or a time period

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	DTP01	374	Date/Time Qualifier Code specifying type of date or time, or both date and time  od: 837A1_2300_DTP01__DateTimeQualifier	M	ID	3/3
			CODE	DEFINITION		
			435	Admission		

<b>REQUIRED</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M</b>	<b>ID</b>	<b>2/3</b>
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Code indicating the date format, time format, or date and time format

OD: 837A1\_2300\_DTP02\_\_DateTimePeriodFormatQualifier

SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.

CODE	DEFINITION
------	------------

<b>DT</b>	<b>Date and Time Expressed in Format CCYYMMDDHHMM</b>
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<b>REQUIRED</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M</b>	<b>AN</b>	<b>1/35</b>
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Expression of a date, a time, or range of dates, times or dates and times

OD: 837A1\_2300\_DTP03\_\_AdmissionDateandHour

**UB-92 Reference [UB-92 Name]:**

**17 [Admission/Start of Care Date]**

**18 [Admission Hour]**

**EMC v.6.0 Reference:**

**Record Type 20 Field No. 17 (Admission Date)**

**Record Type 20 Field No. 18 (Admission Hour)**

## IMPLEMENTATION

## INSTITUTIONAL CLAIM CODE

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2300\_CL1

Notes: 1. This segment is required when reporting hospital based admission and Medicare outpatient registrations on claims/encounters. It may be used when provider wishes to communicate this information on non-Medicare outpatient claims/encounters.

Example: CL1\*1\*7\*30~

## STANDARD

## CL1 Claim Codes

Level: Detail

Position: 1400

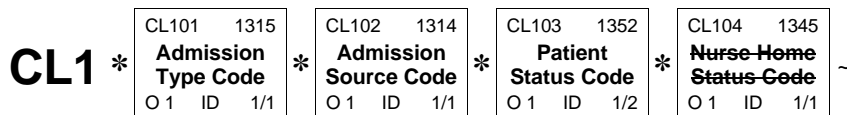
Loop: 2300

Requirement: Optional

Max Use: 1

Purpose: To supply information specific to hospital claims

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
SITUATIONAL	CL101	1315	<b>Admission Type Code</b> Code indicating the priority of this admission  OD: 837A1_2300_CL101__AdmissionTypeCode CODE SOURCE 231: Admission Type Code  <b>UB-92 Reference [UB-92 Name]:</b> <b>19 [Type of Admission]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 20 Field No. 10</b>  <b>Required when patient is being admitted to the hospital for inpatient services.</b>	O	ID	1/1

<b>SITUATIONAL</b>	<b>CL102</b>	<b>1314</b>	<b>Admission Source Code</b> Code indicating the source of this admission  OD: 837A1_2300_CL102__AdmissionSourceCode CODE SOURCE 230: Admission Source Code <b>UB-92 Reference [UB-92 Name]:</b> <b>20 [Source of Admission]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 20 Field No. 11</b>  <b>Required for all inpatient admissions. Required on Medicare outpatient registrations for diagnostic testing services.</b>	<b>O</b>	<b>ID</b>	<b>1/1</b>
<b>SITUATIONAL</b>	<b>CL103</b>	<b>1352</b>	<b>Patient Status Code</b> Code indicating patient status as of the "statement covers through date"  OD: 837A1_2300_CL103__PatientStatusCode CODE SOURCE 239: Patient Status Code <b>UB-92 Reference [UB-92 Name]:</b> <b>22 [Patient Status]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 20 Field No. 21</b>  <b>This element is required for inpatient claims/encounters.</b>	<b>O</b>	<b>ID</b>	<b>1/2</b>
<b>NOT USED</b>	<b>CL104</b>	<b>1345</b>	<b>Nursing Home Residential Status Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/1</b>

## IMPLEMENTATION

## CLAIM SUPPLEMENTAL INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 10

Segment OD: 837A1\_2300\_PWK

- Notes:
1. The PWK segment is required if there is paper documentation supporting this claim. The PWK segment should not be used if the information related to the claim is being sent within the 837 ST-SE envelope.
  2. The PWK segment is required to identify attachments that are sent electronically (PWK02 = EL) but are transmitted in another functional group (e.g., 275) rather than by paper. PWK06 is used to identify the attached electronic documentation. The number in PWK06 would be carried in the TRN of the electronic attachment.
  3. The PWK segment can be used to identify paperwork that is being held at the provider's office and is available upon request by the payer (or appropriate entity), but that is not being sent with the claim. Use code AA in PWK02 to convey this specific use of the PWK segment. See element note under PWK02, code AA.

Example: PWK\*AS\*BM\*\*\*AC\*DMN0012~

## STANDARD

## PWK Paperwork

Level: Detail

Position: 1550

Loop: 2300

Requirement: Optional

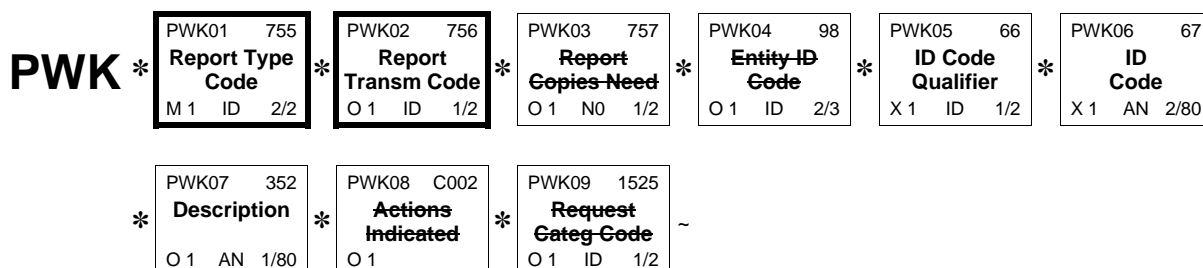
Max Use: 10

Purpose: To identify the type or transmission or both of paperwork or supporting information

Syntax: 1. P0506

If either PWK05 or PWK06 is present, then the other is required.

## DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES																																										
REQUIRED	PWK01	755	<div>Report Type Code</div> <div>Code indicating the title or contents of a document, report or supporting item</div> <div>od: 837A1_2300_PWK01__AttachmentReportTypeCode</div> <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>AS</td><td>Admission Summary</td></tr><tr><td>B2</td><td>Prescription</td></tr><tr><td>B3</td><td>Physician Order</td></tr><tr><td>B4</td><td>Referral Form</td></tr><tr><td>CT</td><td>Certification</td></tr><tr><td>DA</td><td>Dental Models</td></tr><tr><td>DG</td><td>Diagnostic Report</td></tr><tr><td>DS</td><td>Discharge Summary</td></tr><tr><td>EB</td><td>Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)</td></tr><tr><td>MT</td><td>Models</td></tr><tr><td>NN</td><td>Nursing Notes</td></tr><tr><td>OB</td><td>Operative Note</td></tr><tr><td>OZ</td><td>Support Data for Claim</td></tr><tr><td>PN</td><td>Physical Therapy Notes</td></tr><tr><td>PO</td><td>Prosthetics or Orthotic Certification</td></tr><tr><td>PZ</td><td>Physical Therapy Certification</td></tr><tr><td>RB</td><td>Radiology Films</td></tr><tr><td>RR</td><td>Radiology Reports</td></tr><tr><td>RT</td><td>Report of Tests and Analysis Report</td></tr></tbody></table>	CODE	DEFINITION	AS	Admission Summary	B2	Prescription	B3	Physician Order	B4	Referral Form	CT	Certification	DA	Dental Models	DG	Diagnostic Report	DS	Discharge Summary	EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)	MT	Models	NN	Nursing Notes	OB	Operative Note	OZ	Support Data for Claim	PN	Physical Therapy Notes	PO	Prosthetics or Orthotic Certification	PZ	Physical Therapy Certification	RB	Radiology Films	RR	Radiology Reports	RT	Report of Tests and Analysis Report	M	ID	2/2
CODE	DEFINITION																																													
AS	Admission Summary																																													
B2	Prescription																																													
B3	Physician Order																																													
B4	Referral Form																																													
CT	Certification																																													
DA	Dental Models																																													
DG	Diagnostic Report																																													
DS	Discharge Summary																																													
EB	Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor)																																													
MT	Models																																													
NN	Nursing Notes																																													
OB	Operative Note																																													
OZ	Support Data for Claim																																													
PN	Physical Therapy Notes																																													
PO	Prosthetics or Orthotic Certification																																													
PZ	Physical Therapy Certification																																													
RB	Radiology Films																																													
RR	Radiology Reports																																													
RT	Report of Tests and Analysis Report																																													
REQUIRED	PWK02	756	<div>Report Transmission Code</div> <div>Code defining timing, transmission method or format by which reports are to be sent</div> <div>od: 837A1_2300_PWK02__AttachmentTransmissionCode</div> <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>EL</td><td>Electronically Only</td></tr></tbody></table>	CODE	DEFINITION	EL	Electronically Only	O	ID	1/2																																				
CODE	DEFINITION																																													
EL	Electronically Only																																													
NOT USED	PWK03	757	Report Copies Needed	O 1	N0	1/2																																								
NOT USED	PWK04	98	Entity Identifier Code	O 1	ID	2/3																																								

SITUATIONAL	PWK05	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  od: 837A1_2300_PWK05__IdentificationCodeQualifier  SYNTAX: P0506  COMMENT: PWK05 and PWK06 may be used to identify the addressee by a code number.  <b>This data element is required when PWK02 DOES NOT equal 'AA'. Can be used when PWK02 equals 'AA' if the Provider wants to send a document control number for an attachment remaining at the Providers office.</b>	X	ID	1/2				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>AC</td><td>Attachment Control Number</td></tr></table>							CODE	DEFINITION	AC	Attachment Control Number
CODE	DEFINITION									
AC	Attachment Control Number									
SITUATIONAL	PWK06	67	<b>Identification Code</b> Code identifying a party or other code  od: 837A1_2300_PWK06__AttachmentControlNumber  SYNTAX: P0506  <b>Required if PWK02 equals BM, EL, EM or FX.</b>	X	AN	2/80				
SITUATIONAL	PWK07	352	<b>Description</b> A free-form description to clarify the related data elements and their content  od: 837A1_2300_PWK07__AttachmentDescription  ADVISORY: Under most circumstances, this element is not sent.  COMMENT: PWK07 may be used to indicate special information to be shown on the specified report.  <b>This data element is used to add any additional information about the attachment described in this segment.</b>	O	AN	1/80				
NOT USED	PWK08	C002	<b>ACTIONS INDICATED</b>  ADVISORY: Under most circumstances, this composite is not sent.	O	1					
NOT USED	PWK09	1525	<b>Request Category Code</b>	O	1 ID	1/2				



## IMPLEMENTATION

## PAYER ESTIMATED AMOUNT DUE

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2300\_AMT

- Notes: 1. The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.
2. This segment is required when the Payer Estimated Amount Due is applicable to this claim.

Example: AMT\*C5\*14523.1~

## STANDARD

**AMT** Monetary Amount

Level: Detail

Position: 1750

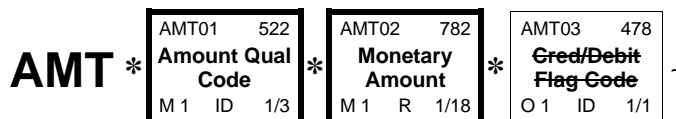
Loop: 2300

Requirement: Optional

Max Use: 40

Purpose: To indicate the total monetary amount

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	AMT01	522	Amount Qualifier Code Code to qualify amount  OD: 837A1_2300_AMT01__AmountQualifierCode	M	ID	1/3
			CODE	DEFINITION		
			C5	Claim Amount Due - Estimated		

<b>REQUIRED</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount  OD: 837A1_2300_AMT02__EstimatedClaimDueAmount <b>UB-92 Reference [UB-92 Name]:</b> <b>55 (A-C) [Estimated Amount Due]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 30 Field No. 26</b>	<b>M</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>AMT03</b>	<b>478</b>	<b>Credit/Debit Flag Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/1</b>

## IMPLEMENTATION

## PATIENT ESTIMATED AMOUNT DUE

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2300\_AMT

- Notes:
1. The amounts in this segment at the claim level Loop ID-2300 apply to all service lines unless overridden in the AMT segment in Loop ID-2400. An amount is considered to be overridden if the value in AMT01 is the same in both the claim level AMT segment and the service line level AMT segment.
  2. This segment is required when the Patient Responsibility Amount is applicable to this claim.

Example: AMT\*F3\*123~

## STANDARD

**AMT** Monetary Amount

Level: Detail

Position: 1750

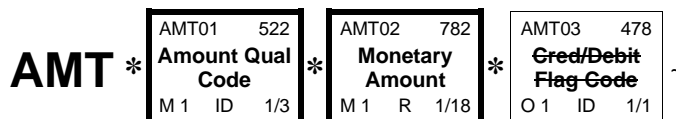
Loop: 2300

Requirement: Optional

Max Use: 40

Purpose: To indicate the total monetary amount

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	AMT01	522	Amount Qualifier Code Code to qualify amount  OD: 837A1_2300_AMT01__AmountQualifierCode	M	ID	1/3
			CODE	DEFINITION		
			F3	Patient Responsibility - Estimated		

<b>REQUIRED</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount  od: 837A1_2300_AMT02__PatientResponsibilityAmount <b>UB-92 Reference [UB-92 Name]:</b> <b>55, Patient Line [Estimated Amount Due]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 20 Field No. 24</b>	<b>M</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>AMT03</b>	<b>478</b>	<b>Credit/Debit Flag Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/1</b>

## IMPLEMENTATION

## MEDICAL RECORD NUMBER

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2300\_REF

Notes: 1. Required if provider needs to identify for future inquiries the actual medical record of the patient identified in either Loop ID - 2010BA or 2010CA for this episode of care.

Example: REF\*EA\*1230484376R~

## STANDARD

## REF Reference Identification

Level: Detail

Position: 1800

Loop: 2300

Requirement: Optional

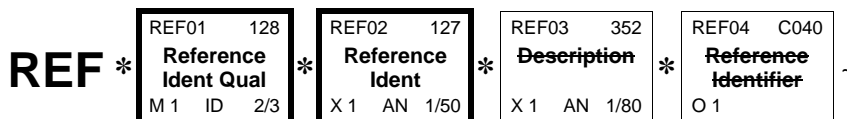
Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification	M	ID	2/3
OD: 837A1_2300_REF01__ReferenceIdentificationQualifier						
			CODE	DEFINITION		
			EA	Medical Record Identification Number		

REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  OD: 837A1_2300_REF02__MedicalRecordNumber  SYNTAX: R0203  <b>EMC v.6.0 Reference:</b> <b>Record Type 20 Field No. 25 (Medical Record Number)</b>	X	AN	1/50
NOT USED	REF03	352	<b>Description</b>	X 1	AN	1/80
NOT USED	REF04	C040	<b>REFERENCE IDENTIFIER</b>	O 1		

## IMPLEMENTATION

MOTHER'S MEDICAL RECORD NUMBER FOR  
NEWBORNS

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2300\_REF

Notes: 1. Required on reports for newborns and when mandated by state or federal law or regulation.

## STANDARD

## REF Reference Identification

Level: Detail

Position: 1800

Loop: 2300

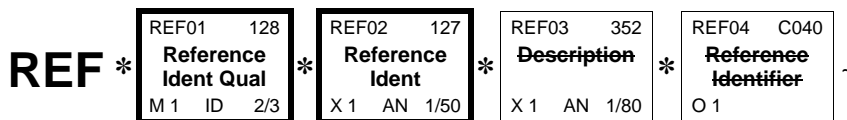
Requirement: Optional

Max Use: 30

Purpose: To specify identifying information

Syntax: 1. R0203  
At least one of REF02 or REF03 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification  od: 837A1_2300_REF01__ReferenceIdentificationQualifier	M ID 2/3
<b>MRN Medical Record Number</b>				
REQUIRED	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  od: 837A1_2300_REF02__DemonstrationProjectIdentifier  SYNTAX: R0203	X AN 1/50
NOT USED	REF03	352	<b>Description</b>	X 1 AN 1/80
NOT USED	REF04	C040	<b>REFERENCE IDENTIFIER</b>	O 1

## IMPLEMENTATION

## FILE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 10

Segment OD: 837A1\_2300\_K3

- Notes:
1. At the time of publication K3 segments have no specific use. However, they have been included in this implementation guide to be used as an emergency kludge (fix-it) in the case of an unexpected data requirement by a state or federal regulatory authority. The developers of this implementation guide discourage using narrative information within the 837. Trading partners who require narrative information within the reporting guide are encouraged to codify that information within the X12 environment, that includes using coded information in the free text area of the K3 segment.
  2. This segment may only be required if a state concludes it must use the K3 to meet an emergency legislative requirement AND the administering state agency or other state organization has contacted the X12N workgroup, requested a review of the K3 data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the state require the temporary use of the K3 to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.
  3. The K3 segment is used rather than the Claim NTE segment when it is NOT necessary to qualify the nature of the coded information required by the governmental agency.

## STANDARD

**K3** File Information

Level: Detail

Position: 1850

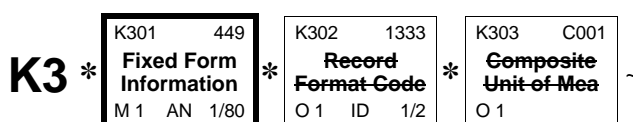
Loop: 2300

Requirement: Optional

Max Use: 10

Purpose: To transmit a fixed-format record or matrix contents

## DIAGRAM





**ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
<b>REQUIRED</b>	<b>K301</b>	<b>449</b>	<b>Fixed Format Information</b> Data in fixed format agreed upon by sender and receiver  od: 837A1_2300_K301__FixedFormatInformation	<b>M</b>	<b>AN</b>	<b>1/80</b>
<b>NOT USED</b>	<b>K302</b>	<b>1333</b>	<b>Record Format Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/2</b>
<b>NOT USED</b>	<b>K303</b>	<b>C001</b>	<b>COMPOSITE UNIT OF MEASURE</b>	<b>O 1</b>		

## IMPLEMENTATION

**CLAIM NOTE****Loop:** 2300 — CLAIM INFORMATION**Usage:** SITUATIONAL**Repeat:** 10**Segment OD:** 837A1\_2300\_NTE**Notes:** 1. Information in the NTE segment in Loop ID-2300 applies to the entire claim.

The developers of this implementation guide discourage using narrative information within the 837. Trading partners who require narrative information with claims are encouraged to codify that information within the X12 environment, that includes using coded information in the free text area of the NTE segment.

2. Required only when provider deems it necessary to transmit information not otherwise supported in this implementation.

3. Another potential use of the NTE segment is to accommodate legislated state or federal data requirements that are not otherwise supported in the 837 standard. Like the K3 Segment, this segment may only be required if a state concludes it must use to meet an emergency legislative requirement AND the administering governmental agency has contacted the X12N workgroup, requested a review of the NTE data requirement to ensure there is not an existing method within the implementation guide to meet this requirement, and X12N determines that there is no method to meet the requirement. Only then may the governmental agency require the temporary use of the NTE to meet the requirement. X12N will submit the necessary data maintenance and refer the request to the appropriate data content committee.

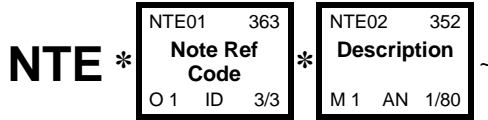
4. The NTE segment is used rather than the K3 segment when it is necessary to qualify using NTE01 the nature of the information required by the governmental agency.

**Example:** NTE\*DGN\*PATIENT REQUIRES TUBE FEEDING~

## STANDARD

**NTE** Note/Special Instruction**Level:** Detail**Position:** 1900**Loop:** 2300**Requirement:** Optional**Max Use:** 20**Purpose:** To transmit information in a free-form format, if necessary, for comment or special instruction

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES												
REQUIRED	NTE01	363	<b>Note Reference Code</b> Code identifying the functional area or purpose for which the note applies  OD: 837A1_2300_NTE01__NoteReferenceCode  <b>EMC v.6.0 Reference:</b> <b>Record Type 73 Field No. 5</b> <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>DGN</td><td><b>Diagnosis Description</b> Used in Reporting Guide - for use with emergency state legislated requirements (i.e. CMR extra).</td></tr><tr><td>MED</td><td><b>Medications</b> EMC Reference: <b>73 Field No. 5 Code 48510</b> Used in Reporting Guide - for use with emergency state legislated requirements (i.e. registries ??).</td></tr><tr><td>RHB</td><td><b>Functional Limitations, Reason Homebound, or Both</b> EMC Reference: <b>73 Field No. 5 Code 48617</b> Used in Reporting Guide - for use with emergency state legislated requirements (i.e. Functional Status ??).</td></tr><tr><td>UPI</td><td><b>Updated Information</b> EMC Reference: <b>73 Field No. 5 Code 48616</b> Used in Reporting Guide - for use with emergency state legislated requirements (NJ's needs).</td></tr></table>	CODE	DEFINITION	DGN	<b>Diagnosis Description</b> Used in Reporting Guide - for use with emergency state legislated requirements (i.e. CMR extra).	MED	<b>Medications</b> EMC Reference: <b>73 Field No. 5 Code 48510</b> Used in Reporting Guide - for use with emergency state legislated requirements (i.e. registries ??).	RHB	<b>Functional Limitations, Reason Homebound, or Both</b> EMC Reference: <b>73 Field No. 5 Code 48617</b> Used in Reporting Guide - for use with emergency state legislated requirements (i.e. Functional Status ??).	UPI	<b>Updated Information</b> EMC Reference: <b>73 Field No. 5 Code 48616</b> Used in Reporting Guide - for use with emergency state legislated requirements (NJ's needs).	O	ID	3/3
CODE	DEFINITION															
DGN	<b>Diagnosis Description</b> Used in Reporting Guide - for use with emergency state legislated requirements (i.e. CMR extra).															
MED	<b>Medications</b> EMC Reference: <b>73 Field No. 5 Code 48510</b> Used in Reporting Guide - for use with emergency state legislated requirements (i.e. registries ??).															
RHB	<b>Functional Limitations, Reason Homebound, or Both</b> EMC Reference: <b>73 Field No. 5 Code 48617</b> Used in Reporting Guide - for use with emergency state legislated requirements (i.e. Functional Status ??).															
UPI	<b>Updated Information</b> EMC Reference: <b>73 Field No. 5 Code 48616</b> Used in Reporting Guide - for use with emergency state legislated requirements (NJ's needs).															
REQUIRED	NTE02	352	<b>Description</b> A free-form description to clarify the related data elements and their content  OD: 837A1_2300_NTE02__ClaimNoteText  <b>UB-92 Reference [UB-92 Name]:</b> <b>84 [Remarks]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 73 Field No. 6</b>  Used in Reporting Guide - maybe - choice NTE or K3 or both for use with emergency state legislated requirements.	M	AN	1/80										

**IMPLEMENTATION****PRINCIPAL, ADMITTING, E-CODE, PATIENT  
REASON FOR VISIT DIAGNOSIS  
INFORMATION, AND OTHER E-CODES**

Loop: 2300 — CLAIM INFORMATION

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1\_2300\_HI

- Notes:
1. The Principal Diagnosis is required on all inpatient and outpatient claims.
  2. The Admitting Diagnosis is required on all inpatient admission claims and encounters.
  3. An E-Code and other E-Code diagnoses are required whenever a diagnosis is needed to completely describe an injury, poisoning or adverse effect.
  4. The Patient Reason for Visit Diagnosis is required for all unscheduled outpatient visits.

Example: HI\*BK:9976~

**STANDARD****HI** Health Care Information Codes

Level: Detail

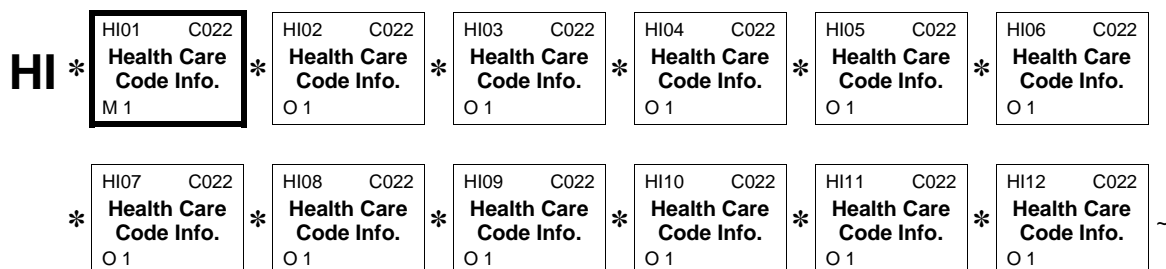
Position: 2310

Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

**DIAGRAM**

ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION	M 1		
To send health care codes and their associated dates, amounts and quantities						
od: 837A1_2300_HI01_C022						
REQUIRED	HI01 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI01_C02201_CodeListQualifierCode						
		CODE	DEFINITION			
		BK	Principal Diagnosis			
CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure						
REQUIRED	HI01 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
od: 837A1_2300_HI01_C02202_IndustryCode						
UB-92 Reference [UB-92 Name]:						
67 [Principal Diagnosis Code]						
EMC v.6.0 Reference:						
Record Type 70 Field No. 4						
NOT USED	HI01 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI01 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI01 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI01 - 6	380	Quantity	O	R	1/15
NOT USED	HI01 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI01 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI01 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI02	C022	HEALTH CARE CODE INFORMATION	O 1		
To send health care codes and their associated dates, amounts and quantities						
od: 837A1_2300_HI02_C022						
Required for all unscheduled outpatient visits or upon the patient's admission to the hospital.						
REQUIRED	HI02 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI02_C02201_CodeListQualifierCode						
ZZ used to indicate the "Patient Reason For Visit."						
		CODE	DEFINITION			
		BJ	Admitting Diagnosis			
CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure						
		PR	Patient Reason For Visit			

		Used on Outpatient stays.				
REQUIRED	HI02 - 2	1271	Industry Code	M	AN	1/30
		Code indicating a code from a specific industry code list				
		od: 837A1_2300_HI02_C02202_IndustryCode				
		UB-92 Reference [UB-92 Name]:				
		76 [Admitting Diagnosis/Patients Reason for Visit]				
		EMC v.6.0 Reference:				
		Record Type 70 Field No. 25				
NOT USED	HI02 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI02 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI02 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI02 - 6	380	Quantity	O	R	1/15
NOT USED	HI02 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI02 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI02 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI03	C022	HEALTH CARE CODE INFORMATION	O	1	
		To send health care codes and their associated dates, amounts and quantities				
		od: 837A1_2300_HI03_C022				
		Used when necessary to report multiple additional co-existing conditions.				
REQUIRED	HI03 - 1	1270	Code List Qualifier Code	M	ID	1/3
		Code identifying a specific industry code list				
		od: 837A1_2300_HI03_C02201_CodeListQualifierCode				
		CODE	DEFINITION			
		BN	United States Department of Health and Human Services, Office of Vital Statistics E-code			
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
REQUIRED	HI03 - 2	1271	Industry Code	M	AN	1/30
		Code indicating a code from a specific industry code list				
		od: 837A1_2300_HI03_C02202_IndustryCode				
		UB-92 Reference [UB-92 Name]:				
		77 [External Cause of Injury Code (E-code)]				
		EMC v.6.0 Reference:				
		Record Type 70 Field No. 26				
NOT USED	HI03 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI03 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI03 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI03 - 6	380	Quantity	O	R	1/15
NOT USED	HI03 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI03 - 8	1271	Industry Code	X	AN	1/30

**NOT USED** HI03 - 9 1073 Yes/No Condition or Response Code X ID 1/1

**SITUATIONAL** HI04 C022 **HEALTH CARE CODE INFORMATION** O 1  
To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI04\_C022

**Used when necessary to report multiple additional co-existing conditions.**

**REQUIRED** HI04 - 1 1270 Code List Qualifier Code M ID 1/3

Code identifying a specific industry code list

od: 837A1\_2300\_HI04\_C02201\_

CODE DEFINITION

**BN** United States Department of Health and Human Services, Office of Vital Statistics E-code

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

**REQUIRED** HI04 - 2 1271 Industry Code M AN 1/30  
Code indicating a code from a specific industry code list

od: 837A1\_2300\_HI04\_C02202\_

**UB-92 Reference [UB-92 Name]:**

**77 [External Cause of Injury Code (E-code)]**

**NOT USED** HI04 - 3 1250 Date Time Period Format Qualifier X ID 2/3

**NOT USED** HI04 - 4 1251 Date Time Period X AN 1/35

**NOT USED** HI04 - 5 782 Monetary Amount O R 1/18

**NOT USED** HI04 - 6 380 Quantity O R 1/15

**NOT USED** HI04 - 7 799 Version Identifier O AN 1/30

**NOT USED** HI04 - 8 1271 Industry Code X AN 1/30

**NOT USED** HI04 - 9 1073 Yes/No Condition or Response Code X ID 1/1

**SITUATIONAL** HI05 C022 **HEALTH CARE CODE INFORMATION** O 1  
To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI05\_C022

**Used when necessary to report multiple additional co-existing conditions.**

**REQUIRED** HI05 - 1 1270 Code List Qualifier Code M ID 1/3

Code identifying a specific industry code list

od: 837A1\_2300\_HI05\_C02201\_

CODE DEFINITION

**BN** United States Department of Health and Human Services, Office of Vital Statistics E-code

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

**REQUIRED** HI05 - 2 1271 Industry Code M AN 1/30  
Code indicating a code from a specific industry code list

od: 837A1\_2300\_HI05\_C02202\_

## UB-92 Reference [UB-92 Name]:

## 77 [External Cause of Injury Code (E-code)]

NOT USED	HI05 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI05 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI05 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI05 - 6	380	Quantity	O	R	1/15
NOT USED	HI05 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI05 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI05 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI06	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI06\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI06 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI06_C02201_						

CODE DEFINITION

## BN United States Department of Health and Human Services, Office of Vital Statistics E-code

CODE SOURCE 131: International Classification of Diseases  
Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI06 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
od: 837A1_2300_HI06_C02202_						

## UB-92 Reference [UB-92 Name]:

## 77 [External Cause of Injury Code (E-code)]

NOT USED	HI06 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI06 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI06 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI06 - 6	380	Quantity	O	R	1/15
NOT USED	HI06 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI06 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI06 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI07	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI07\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI07 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI07_C02201_						



		CODE	DEFINITION				
		BN	United States Department of Health and Human Services, Office of Vital Statistics E-code				
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
REQUIRED	HI07 - 2	1271	Industry Code	M	AN	1/30	
		Code indicating a code from a specific industry code list					
		od: 837A1_2300_HI07_C02202_					
		UB-92 Reference [UB-92 Name]:					
		77 [External Cause of Injury Code (E-code)]					
NOT USED	HI07 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3	
NOT USED	HI07 - 4	1251	Date Time Period	X	AN	1/35	
NOT USED	HI07 - 5	782	Monetary Amount	O	R	1/18	
NOT USED	HI07 - 6	380	Quantity	O	R	1/15	
NOT USED	HI07 - 7	799	Version Identifier	O	AN	1/30	
NOT USED	HI07 - 8	1271	Industry Code	X	AN	1/30	
NOT USED	HI07 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1	
SITUATIONAL	HI08	C022	HEALTH CARE CODE INFORMATION	O	1		
		To send health care codes and their associated dates, amounts and quantities					
		od: 837A1_2300_HI08_C022					
		Used when necessary to report multiple additional co-existing conditions.					
REQUIRED	HI08 - 1	1270	Code List Qualifier Code	M	ID	1/3	
		Code identifying a specific industry code list					
		od: 837A1_2300_HI08_C02201_					
		CODE	DEFINITION				
		BN	United States Department of Health and Human Services, Office of Vital Statistics E-code				
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure					
REQUIRED	HI08 - 2	1271	Industry Code	M	AN	1/30	
		Code indicating a code from a specific industry code list					
		od: 837A1_2300_HI08_C02202_					
		UB-92 Reference [UB-92 Name]:					
		77 [External Cause of Injury Code (E-code)]					
NOT USED	HI08 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3	
NOT USED	HI08 - 4	1251	Date Time Period	X	AN	1/35	
NOT USED	HI08 - 5	782	Monetary Amount	O	R	1/18	
NOT USED	HI08 - 6	380	Quantity	O	R	1/15	
NOT USED	HI08 - 7	799	Version Identifier	O	AN	1/30	
NOT USED	HI08 - 8	1271	Industry Code	X	AN	1/30	
NOT USED	HI08 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1	

SITUATIONAL	HI09	C022	HEALTH CARE CODE INFORMATION			O 1						
To send health care codes and their associated dates, amounts and quantities												
od: 837A1_2300_HI09_C022												
Used when necessary to report multiple additional co-existing conditions.												
REQUIRED	HI09 - 1	1270	Code List Qualifier Code	M	ID	1/3						
Code identifying a specific industry code list												
od: 837A1_2300_HI09_C02201_												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BN</td><td>United States Department of Health and Human Services, Office of Vital Statistics E-code</td></tr><tr><td colspan="2">CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</td></tr></table>							CODE	DEFINITION	BN	United States Department of Health and Human Services, Office of Vital Statistics E-code	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	
CODE	DEFINITION											
BN	United States Department of Health and Human Services, Office of Vital Statistics E-code											
CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure												
REQUIRED	HI09 - 2	1271	Industry Code	M	AN	1/30						
Code indicating a code from a specific industry code list												
od: 837A1_2300_HI09_C02202_												
UB-92 Reference [UB-92 Name]:												
77 [External Cause of Injury Code (E-code)]												
NOT USED	HI09 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3						
NOT USED	HI09 - 4	1251	Date Time Period	X	AN	1/35						
NOT USED	HI09 - 5	782	Monetary Amount	O	R	1/18						
NOT USED	HI09 - 6	380	Quantity	O	R	1/15						
NOT USED	HI09 - 7	799	Version Identifier	O	AN	1/30						
NOT USED	HI09 - 8	1271	Industry Code	X	AN	1/30						
NOT USED	HI09 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1						
SITUATIONAL	HI10	C022	HEALTH CARE CODE INFORMATION			O 1						
To send health care codes and their associated dates, amounts and quantities												
od: 837A1_2300_HI10_C022												
Used when necessary to report multiple additional co-existing conditions.												
REQUIRED	HI10 - 1	1270	Code List Qualifier Code	M	ID	1/3						
Code identifying a specific industry code list												
od: 837A1_2300_HI10_C02201_												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BN</td><td>United States Department of Health and Human Services, Office of Vital Statistics E-code</td></tr><tr><td colspan="2">CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</td></tr></table>							CODE	DEFINITION	BN	United States Department of Health and Human Services, Office of Vital Statistics E-code	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	
CODE	DEFINITION											
BN	United States Department of Health and Human Services, Office of Vital Statistics E-code											
CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure												
REQUIRED	HI10 - 2	1271	Industry Code	M	AN	1/30						
Code indicating a code from a specific industry code list												
od: 837A1_2300_HI10_C02202_												
UB-92 Reference [UB-92 Name]:												

77 [External Cause of Injury Code (E-code)]						
NOT USED	HI10 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI10 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI10 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI10 - 6	380	Quantity	O	R	1/15
NOT USED	HI10 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI10 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI10 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI11	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI11\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI11 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI11_C02201_						

CODE DEFINITION

**BN United States Department of Health and Human Services, Office of Vital Statistics E-code**

CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

REQUIRED	HI11 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
od: 837A1_2300_HI11_C02202_						

UB-92 Reference [UB-92 Name]:

77 [External Cause of Injury Code (E-code)]						
NOT USED	HI11 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI11 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI11 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI11 - 6	380	Quantity	O	R	1/15
NOT USED	HI11 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI11 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI11 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI12	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI12\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI12 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI12_C02201_						

		CODE	DEFINITION			
		BN	United States Department of Health and Human Services, Office of Vital Statistics E-code			
		CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure				
REQUIRED	HI12 - 2	1271	Industry Code	M	AN	1/30
		Code indicating a code from a specific industry code list				
		ob: 837A1_2300_HI12_C02202_				
		UB-92 Reference [UB-92 Name]:				
		77 [External Cause of Injury Code (E-code)]				
NOT USED	HI12 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI12 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI12 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI12 - 6	380	Quantity	O	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI12 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

## IMPLEMENTATION

**DIAGNOSIS RELATED GROUP (DRG)  
INFORMATION**

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2300\_HI

Notes: 1. DRG Information is required when an inpatient hospital is under DRG contract with a payer and the contract requires the provider to identify the DRG to the payer.

Example: HI\*DR:123~

## STANDARD

**HI** Health Care Information Codes

Level: Detail

Position: 2310

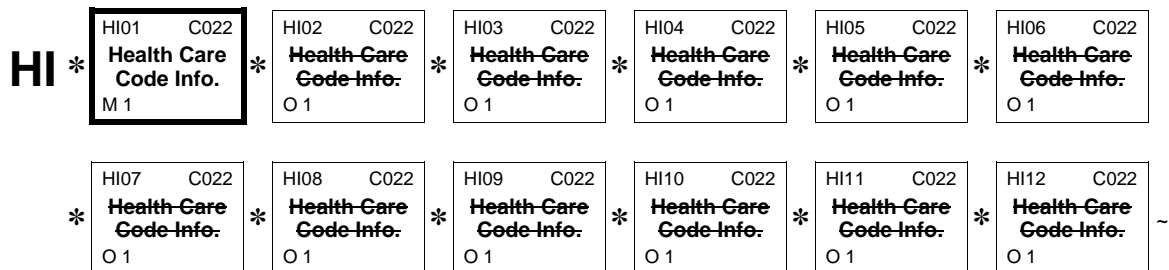
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION	M 1
To send health care codes and their associated dates, amounts and quantities				
od: 837A1_2300_HI01_C022				

<b>REQUIRED</b>	<b>HI01 - 1</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI01_C02201_CodeListQualifierCode	<b>M</b>	<b>ID</b>	<b>1/3</b>
		<b>CODE</b>	<b>DEFINITION</b>			
		<b>DR</b>	<b>Diagnosis Related Group (DRG)</b> CODE SOURCE 229: Diagnosis Related Group Number (DRG)			
<b>REQUIRED</b>	<b>HI01 - 2</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI01_C02202_DiagnosisRelatedGroupDRGCode	<b>M</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI01 - 3</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>HI01 - 4</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	<b>HI01 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>HI01 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	<b>HI01 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI01 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI01 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>HI02</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O</b>	<b>1</b>	
<b>NOT USED</b>	<b>HI03</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O</b>	<b>1</b>	
<b>NOT USED</b>	<b>HI04</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O</b>	<b>1</b>	
<b>NOT USED</b>	<b>HI05</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O</b>	<b>1</b>	
<b>NOT USED</b>	<b>HI06</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O</b>	<b>1</b>	
<b>NOT USED</b>	<b>HI07</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O</b>	<b>1</b>	
<b>NOT USED</b>	<b>HI08</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O</b>	<b>1</b>	
<b>NOT USED</b>	<b>HI09</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O</b>	<b>1</b>	
<b>NOT USED</b>	<b>HI10</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O</b>	<b>1</b>	
<b>NOT USED</b>	<b>HI11</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O</b>	<b>1</b>	
<b>NOT USED</b>	<b>HI12</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O</b>	<b>1</b>	

## IMPLEMENTATION

## OTHER DIAGNOSIS INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1\_2300\_HI

Notes: 1. Required when other condition(s) co-exists with the principal diagnosis, co-exists at the time of admission or develops subsequently during the patient's treatment.

Example: HI\*BF:V9782~

## STANDARD

## HI Health Care Information Codes

Level: Detail

Position: 2310

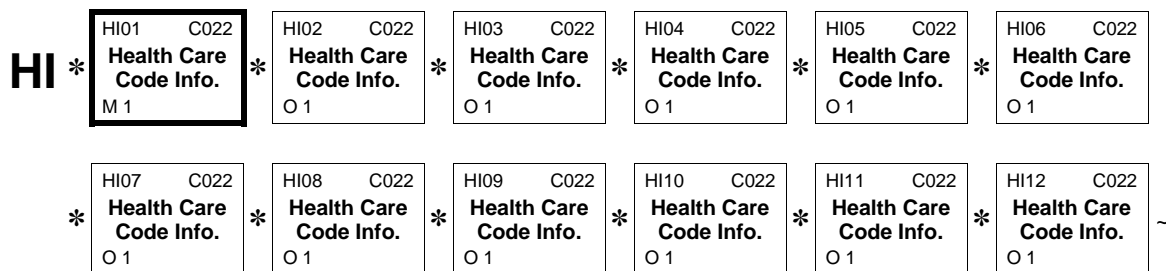
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION	M 1
			To send health care codes and their associated dates, amounts and quantities	
			od: 837A1_2300_HI01_C022	
REQUIRED	HI01 - 1	1270	Code List Qualifier Code	M ID 1/3
			Code identifying a specific industry code list	
			od: 837A1_2300_HI01_C02201_CodeListQualifierCode	
		CODE	DEFINITION	
		BF	Diagnosis	
			CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	

<b>REQUIRED</b>	HI01 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI01_C02202_ <b>UB-92 Reference [UB-92 Name]:</b> 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes]  <b>EMC v.6.0 Reference:</b> Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12	M	AN	1/30
<b>NOT USED</b>	HI01 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
<b>NOT USED</b>	HI01 - 4	1251	Date Time Period	X	AN	1/35
<b>NOT USED</b>	HI01 - 5	782	Monetary Amount	O	R	1/18
<b>NOT USED</b>	HI01 - 6	380	Quantity	O	R	1/15
<b>NOT USED</b>	HI01 - 7	799	Version Identifier	O	AN	1/30
<b>NOT USED</b>	HI01 - 8	1271	Industry Code	X	AN	1/30
<b>SITUATIONAL</b>	HI01 - 9	1073	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response  od: 837A1_2300_HI01_C02209_ <b>Onset of Diagnosis indicator to be reported when required by State statute or regulation.</b>	X	ID	1/1

CODE	DEFINITION
N	No
U	Unknown
Y	Yes

<b>SITUATIONAL</b>	HI02	C022	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI02_C022	O	1
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**Used when necessary to report multiple additional co-existing conditions.**

<b>REQUIRED</b>	HI02 - 1	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI02_C02201_CodeListQualifierCode	M	ID	1/3
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CODE	DEFINITION
BF	<b>Diagnosis</b>  CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure



CODE	DEFINITION
N	No
U	Unknown
Y	Yes

**Used when necessary to report multiple additional co-existing conditions.**

CODE	DEFINITION
<b>BF</b>	<b>Diagnosis</b>
	CODE SOURCE <b>131</b> : International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

<b>REQUIRED</b>	<b>HI03 - 2</b>	<b>1271</b>	<b>Industry Code</b>	<b>M</b>	<b>AN</b>	<b>1/30</b>
Code indicating a code from a specific industry code list						
od: 837A1_2300_HI03_C02202_						
<b>UB-92 Reference [UB-92 Name]:</b>						
68 [Other Diagnoses Codes]						
69 [Other Diagnoses Codes]						
70 [Other Diagnoses Codes]						
71 [Other Diagnoses Codes]						
72 [Other Diagnoses Codes]						
73 [Other Diagnoses Codes]						
74 [Other Diagnoses Codes]						
75 [Other Diagnoses Codes]						
<b>EMC v.6.0 Reference:</b>						
<b>Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12</b>						
<b>NOT USED</b>	<b>HI03 - 3</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>HI03 - 4</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	<b>HI03 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>HI03 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	<b>HI03 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI03 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>SITUATIONAL</b>	<b>HI03 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>
Code indicating a Yes or No condition or response						
od: 837A1_2300_HI03_C02209_						
<b>Onset of Diagnosis indicator to be reported when required by State statute or regulation.</b>						

CODE	DEFINITION
<b>N</b>	<b>No</b>
<b>U</b>	<b>Unknown</b>
<b>Y</b>	<b>Yes</b>

<b>SITUATIONAL</b>	<b>HI04</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O 1</b>
To send health care codes and their associated dates, amounts and quantities				
od: 837A1_2300_HI04_C022				

**Used when necessary to report multiple additional co-existing conditions.**

<b>REQUIRED</b>	<b>HI04 - 1</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M</b>	<b>ID</b>	<b>1/3</b>
Code identifying a specific industry code list						
od: 837A1_2300_HI04_C02201_CodeListQualifierCode						

CODE	DEFINITION
<b>BF</b>	<b>Diagnosis</b>
CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	

<b>REQUIRED</b>	<b>HI04 - 2</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI04_C02202_ <b>UB-92 Reference [UB-92 Name]:</b> 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes]  <b>EMC v.6.0 Reference:</b> <b>Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12</b>	<b>M</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI04 - 3</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>HI04 - 4</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	<b>HI04 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>HI04 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	<b>HI04 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI04 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>SITUATIONAL</b>	<b>HI04 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response  od: 837A1_2300_HI04_C02209_ <b>Onset of Diagnosis indicator to be reported when required by State statute or regulation.</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>

CODE	DEFINITION
<b>N</b>	<b>No</b>
<b>U</b>	<b>Unknown</b>
<b>Y</b>	<b>Yes</b>

<b>SITUATIONAL</b>	<b>HI05</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI05_C022	<b>O</b>	<b>1</b>
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**Used when necessary to report multiple additional co-existing conditions.**

<b>REQUIRED</b>	<b>HI05 - 1</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI05_C02201_CodeListQualifierCode	<b>M</b>	<b>ID</b>	<b>1/3</b>
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CODE	DEFINITION
<b>BF</b>	<b>Diagnosis</b>  CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

<b>REQUIRED</b>	<b>HI05 - 2</b>	<b>1271</b>	<b>Industry Code</b>	<b>M</b>	<b>AN</b>	<b>1/30</b>
Code indicating a code from a specific industry code list						
od: 837A1_2300_HI05_C02202_						
<b>UB-92 Reference [UB-92 Name]:</b>						
<b>68 [Other Diagnoses Codes]</b>						
<b>69 [Other Diagnoses Codes]</b>						
<b>70 [Other Diagnoses Codes]</b>						
<b>71 [Other Diagnoses Codes]</b>						
<b>72 [Other Diagnoses Codes]</b>						
<b>73 [Other Diagnoses Codes]</b>						
<b>74 [Other Diagnoses Codes]</b>						
<b>75 [Other Diagnoses Codes]</b>						
<b>EMC v.6.0 Reference:</b>						
<b>Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12</b>						
<b>NOT USED</b>	<b>HI05 - 3</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>HI05 - 4</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	<b>HI05 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>HI05 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	<b>HI05 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI05 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>SITUATIONAL</b>	<b>HI05 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>
Code indicating a Yes or No condition or response						
od: 837A1_2300_HI05_C02209_						
<b>Onset of Diagnosis indicator to be reported when required by State statute or regulation.</b>						

CODE	DEFINITION
<b>N</b>	<b>No</b>
<b>U</b>	<b>Unknown</b>
<b>Y</b>	<b>Yes</b>

<b>SITUATIONAL</b>	<b>HI06</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O 1</b>
To send health care codes and their associated dates, amounts and quantities				
od: 837A1_2300_HI06_C022				

**Used when necessary to report multiple additional co-existing conditions.**

<b>REQUIRED</b>	<b>HI06 - 1</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M</b>	<b>ID</b>	<b>1/3</b>
Code identifying a specific industry code list						
od: 837A1_2300_HI06_C02201_CodeListQualifierCode						

CODE	DEFINITION
<b>BF</b>	<b>Diagnosis</b>
CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	

<b>REQUIRED</b>	<b>HI06 - 2</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI06_C02202_ <b>UB-92 Reference [UB-92 Name]:</b> 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes]  <b>EMC v.6.0 Reference:</b> Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12	<b>M</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI06 - 3</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>HI06 - 4</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	<b>HI06 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>HI06 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	<b>HI06 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI06 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>SITUATIONAL</b>	<b>HI06 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response  od: 837A1_2300_HI06_C02209_ <b>Onset of Diagnosis indicator to be reported when required by State statute or regulation.</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>

CODE	DEFINITION
<b>N</b>	<b>No</b>
<b>U</b>	<b>Unknown</b>
<b>Y</b>	<b>Yes</b>

<b>SITUATIONAL</b>	<b>HI07</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI07_C022	<b>O 1</b>
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**Used when necessary to report multiple additional co-existing conditions.**

<b>REQUIRED</b>	<b>HI07 - 1</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI07_C02201_CodeListQualifierCode	<b>M</b>	<b>ID</b>	<b>1/3</b>
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CODE	DEFINITION
<b>BF</b>	<b>Diagnosis</b>  CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

<b>REQUIRED</b>	<b>HI07 - 2</b>	<b>1271</b>	<b>Industry Code</b>	<b>M</b>	<b>AN</b>	<b>1/30</b>
Code indicating a code from a specific industry code list						
od: 837A1_2300_HI07_C02202_						
<b>UB-92 Reference [UB-92 Name]:</b>						
<b>68 [Other Diagnoses Codes]</b>						
<b>69 [Other Diagnoses Codes]</b>						
<b>70 [Other Diagnoses Codes]</b>						
<b>71 [Other Diagnoses Codes]</b>						
<b>72 [Other Diagnoses Codes]</b>						
<b>73 [Other Diagnoses Codes]</b>						
<b>74 [Other Diagnoses Codes]</b>						
<b>75 [Other Diagnoses Codes]</b>						
<b>EMC v.6.0 Reference:</b>						
<b>Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12</b>						
<b>NOT USED</b>	<b>HI07 - 3</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>HI07 - 4</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	<b>HI07 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>HI07 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	<b>HI07 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI07 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>SITUATIONAL</b>	<b>HI07 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>
Code indicating a Yes or No condition or response						
od: 837A1_2300_HI07_C02209_						
<b>Onset of Diagnosis indicator to be reported when required by State statute or regulation.</b>						

CODE	DEFINITION
<b>N</b>	<b>No</b>
<b>U</b>	<b>Unknown</b>
<b>Y</b>	<b>Yes</b>

<b>SITUATIONAL</b>	<b>HI08</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O 1</b>
To send health care codes and their associated dates, amounts and quantities				
od: 837A1_2300_HI08_C022				

**Used when necessary to report multiple additional co-existing conditions.**

<b>REQUIRED</b>	<b>HI08 - 1</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M</b>	<b>ID</b>	<b>1/3</b>
Code identifying a specific industry code list						
od: 837A1_2300_HI08_C02201_CodeListQualifierCode						

CODE	DEFINITION
<b>BF</b>	<b>Diagnosis</b>
CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	

<b>REQUIRED</b>	<b>HI08 - 2</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI08_C02202_ <b>UB-92 Reference [UB-92 Name]:</b> 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes]  <b>EMC v.6.0 Reference:</b> <b>Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12</b>	<b>M</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI08 - 3</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>HI08 - 4</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	<b>HI08 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>HI08 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	<b>HI08 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI08 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>SITUATIONAL</b>	<b>HI08 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response  od: 837A1_2300_HI08_C02209_ <b>Onset of Diagnosis indicator to be reported when required by State statute or regulation.</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>

CODE	DEFINITION
<b>N</b>	<b>No</b>
<b>U</b>	<b>Unknown</b>
<b>Y</b>	<b>Yes</b>

<b>SITUATIONAL</b>	<b>HI09</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI09_C022	<b>O</b>	<b>1</b>
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**Used when necessary to report multiple additional co-existing conditions.**

<b>REQUIRED</b>	<b>HI09 - 1</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI09_C02201_CodeListQualifierCode	<b>M</b>	<b>ID</b>	<b>1/3</b>
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CODE	DEFINITION
<b>BF</b>	<b>Diagnosis</b>  CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

<b>REQUIRED</b>	<b>HI09 - 2</b>	<b>1271</b>	<b>Industry Code</b>	<b>M</b>	<b>AN</b>	<b>1/30</b>
Code indicating a code from a specific industry code list						

od: 837A1\_2300\_HI09\_C02202\_

**UB-92 Reference [UB-92 Name]:**

68 [Other Diagnoses Codes]

69 [Other Diagnoses Codes]

70 [Other Diagnoses Codes]

71 [Other Diagnoses Codes]

72 [Other Diagnoses Codes]

73 [Other Diagnoses Codes]

74 [Other Diagnoses Codes]

75 [Other Diagnoses Codes]

**EMC v.6.0 Reference:**

Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12

<b>NOT USED</b>	<b>HI09 - 3</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>HI09 - 4</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	<b>HI09 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>HI09 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	<b>HI09 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI09 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>SITUATIONAL</b>	<b>HI09 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>
Code indicating a Yes or No condition or response						

od: 837A1\_2300\_HI09\_C02209\_

**Onset of Diagnosis indicator to be reported when required by State statute or regulation.**

CODE	DEFINITION
N	No
U	Unknown
Y	Yes

<b>SITUATIONAL</b>	<b>HI10</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O 1</b>
To send health care codes and their associated dates, amounts and quantities				

od: 837A1\_2300\_HI10\_C022

**Used when necessary to report multiple additional co-existing conditions.**

<b>REQUIRED</b>	<b>HI10 - 1</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M</b>	<b>ID</b>	<b>1/3</b>
Code identifying a specific industry code list						

od: 837A1\_2300\_HI10\_C02201\_CodeListQualifierCode

CODE	DEFINITION
BF	Diagnosis
CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure	



CODE	DEFINITION
N	No
U	Unknown
Y	Yes

**Used when necessary to report multiple additional co-existing conditions.**

CODE	DEFINITION
<b>BF</b>	<b>Diagnosis</b>
	CODE SOURCE <b>131</b> : International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure

**REQUIRED** HI11 - 2**1271 Industry Code** M AN 1/30  
Code indicating a code from a specific industry code list

od: 837A1\_2300\_HI11\_C02202\_

**UB-92 Reference [UB-92 Name]:****68 [Other Diagnoses Codes]****69 [Other Diagnoses Codes]****70 [Other Diagnoses Codes]****71 [Other Diagnoses Codes]****72 [Other Diagnoses Codes]****73 [Other Diagnoses Codes]****74 [Other Diagnoses Codes]****75 [Other Diagnoses Codes]****EMC v.6.0 Reference:****Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12****NOT USED** HI11 - 3**1250 Date Time Period Format Qualifier** X ID 2/3**NOT USED** HI11 - 4**1251 Date Time Period** X AN 1/35**NOT USED** HI11 - 5**782 Monetary Amount** O R 1/18**NOT USED** HI11 - 6**380 Quantity** O R 1/15**NOT USED** HI11 - 7**799 Version Identifier** O AN 1/30**NOT USED** HI11 - 8**1271 Industry Code** X AN 1/30**SITUATIONAL** HI11 - 9**1073 Yes/No Condition or Response Code** X ID 1/1  
Code indicating a Yes or No condition or response

od: 837A1\_2300\_HI11\_C02209\_

**Onset of Diagnosis indicator to be reported when required  
by State statute or regulation.**

CODE	DEFINITION
N	No
U	Unknown
Y	Yes

**SITUATIONAL** HI12 C022**HEALTH CARE CODE INFORMATION** O 1  
To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI12\_C022

**Used when necessary to report multiple additional co-existing  
conditions.****REQUIRED** HI12 - 1**1270 Code List Qualifier Code** M ID 1/3  
Code identifying a specific industry code list

od: 837A1\_2300\_HI12\_C02201\_CodeListQualifierCode

CODE	DEFINITION
BF	Diagnosis

CODE SOURCE 131: International Classification of Diseases  
Clinical Mod (ICD-9-CM) Procedure

<b>REQUIRED</b>	HI12 - 2	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI12_C02202_ <b>UB-92 Reference [UB-92 Name]:</b> 68 [Other Diagnoses Codes] 69 [Other Diagnoses Codes] 70 [Other Diagnoses Codes] 71 [Other Diagnoses Codes] 72 [Other Diagnoses Codes] 73 [Other Diagnoses Codes] 74 [Other Diagnoses Codes] 75 [Other Diagnoses Codes]  <b>EMC v.6.0 Reference:</b> <b>Record Type 70 Field No. 5, 6, 7, 8, 9, 10, 11, 12</b>	<b>M</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	HI12 - 3	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	HI12 - 4	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	HI12 - 5	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	HI12 - 6	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	HI12 - 7	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	HI12 - 8	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>SITUATIONAL</b>	HI12 - 9	<b>1073</b>	<b>Yes/No Condition or Response Code</b> Code indicating a Yes or No condition or response  od: 837A1_2300_HI12_C02209_ <b>Onset of Diagnosis indicator to be reported when required by State statute or regulation.</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>

CODE	DEFINITION
<b>N</b>	<b>No</b>
<b>U</b>	<b>Unknown</b>
<b>Y</b>	<b>Yes</b>

## IMPLEMENTATION

## PRINCIPAL PROCEDURE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2300\_HI

Notes: 1. Required on Home IV therapy claims or encounters when surgery was performed during the inpatient stay from which the course of therapy was initiated.

2. Required on inpatient claims or encounters when a procedure was performed.

Example: HI\*BR:92795:D8:19980321~

## STANDARD

## HI Health Care Information Codes

Level: Detail

Position: 2310

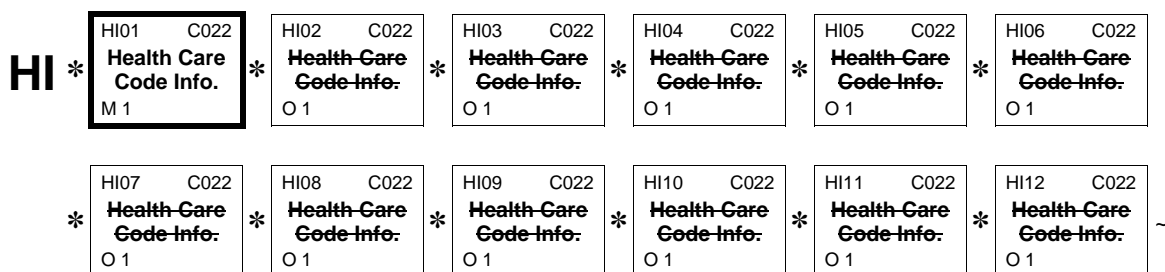
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION	M 1
To send health care codes and their associated dates, amounts and quantities				
OD: 837A1_2300_HI01_C022				

REQUIRED	HI01 - 1	1270	Code List Qualifier Code	M	ID	1/3																		
		Code identifying a specific industry code list																						
od: 837A1_2300_HI01_C02201_CodeListQualifierCode																								
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BP</td><td>Health Care Financing Administration Common Procedural Coding System Principal Procedure</td></tr><tr><td colspan="2">CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System</td></tr><tr><td>BR</td><td>International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure</td></tr><tr><td colspan="2">CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure</td></tr><tr><td>CAH</td><td>Complimentary, Alternative, or Holistic Procedure Codes</td></tr><tr><td colspan="2">CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes</td></tr><tr><td>HO</td><td>Home Infusion EDI Coalition (HIEC) Product/Service Code</td></tr><tr><td colspan="2">CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List</td></tr></table>							CODE	DEFINITION	BP	Health Care Financing Administration Common Procedural Coding System Principal Procedure	CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System		BR	International Classification of Diseases Clinical Modification (ICD-9-CM) Principal Procedure	CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure		CAH	Complimentary, Alternative, or Holistic Procedure Codes	CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes		HO	Home Infusion EDI Coalition (HIEC) Product/Service Code	CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List	
CODE	DEFINITION																							
BP	Health Care Financing Administration Common Procedural Coding System Principal Procedure																							
CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System																								
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HO	Home Infusion EDI Coalition (HIEC) Product/Service Code																							
CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List																								
REQUIRED	HI01 - 2	1271	Industry Code	M	AN	1/30																		
Code indicating a code from a specific industry code list																								
od: 837A1_2300_HI01_C02202_																								
UB-92 Reference [UB-92 Name]:																								
80 [Principal Procedure Code and Date]																								
EMC v.6.0 Reference:																								
Record Type 70 Field No. 13																								
SITUATIONAL	HI01 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3																		
Code indicating the date format, time format, or date and time format																								
od: 837A1_2300_HI01_C02203_DateTimePeriodFormatQualifier																								
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>D8</td><td>Date Expressed in Format CCYYMMDD</td></tr><tr><td colspan="2">Use code D8 when the value in composite data element HI01-1 equals "BR".</td></tr></table>							CODE	DEFINITION	D8	Date Expressed in Format CCYYMMDD	Use code D8 when the value in composite data element HI01-1 equals "BR".													
CODE	DEFINITION																							
D8	Date Expressed in Format CCYYMMDD																							
Use code D8 when the value in composite data element HI01-1 equals "BR".																								
SITUATIONAL	HI01 - 4	1251	Date Time Period	X	AN	1/35																		
Expression of a date, a time, or range of dates, times or dates and times																								
od: 837A1_2300_HI01_C02204_DateTimePeriod																								
UB-92 Reference [UB-92 Name]:																								
80, "DATE" field [Principal Procedure Code and Date]																								
EMC v.6.0 Reference:																								
Record Type 70 Field No. 14																								
Required when HI01-3 is used.																								
NOT USED	HI01 - 5	782	Monetary Amount	O	R	1/18																		
NOT USED	HI01 - 6	380	Quantity	O	R	1/15																		

NOT USED	HI01 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI01 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI01 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
NOT USED	HI02	C022	HEALTH CARE CODE INFORMATION	O	1	
NOT USED	HI03	C022	HEALTH CARE CODE INFORMATION	O	1	
NOT USED	HI04	C022	HEALTH CARE CODE INFORMATION	O	1	
NOT USED	HI05	C022	HEALTH CARE CODE INFORMATION	O	1	
NOT USED	HI06	C022	HEALTH CARE CODE INFORMATION	O	1	
NOT USED	HI07	C022	HEALTH CARE CODE INFORMATION	O	1	
NOT USED	HI08	C022	HEALTH CARE CODE INFORMATION	O	1	
NOT USED	HI09	C022	HEALTH CARE CODE INFORMATION	O	1	
NOT USED	HI10	C022	HEALTH CARE CODE INFORMATION	O	1	
NOT USED	HI11	C022	HEALTH CARE CODE INFORMATION	O	1	
NOT USED	HI12	C022	HEALTH CARE CODE INFORMATION	O	1	

## IMPLEMENTATION

## OTHER PROCEDURE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1\_2300\_HI

Notes: 1. Required on Home IV therapy claims or encounters when surgery was performed during the inpatient stay from which the course of therapy was initiated.

2. Required on inpatient claims or encounters when additional procedures must be reported.

Example: HI\*BQ:92795:D8:19980321~

## STANDARD

## HI Health Care Information Codes

Level: Detail

Position: 2310

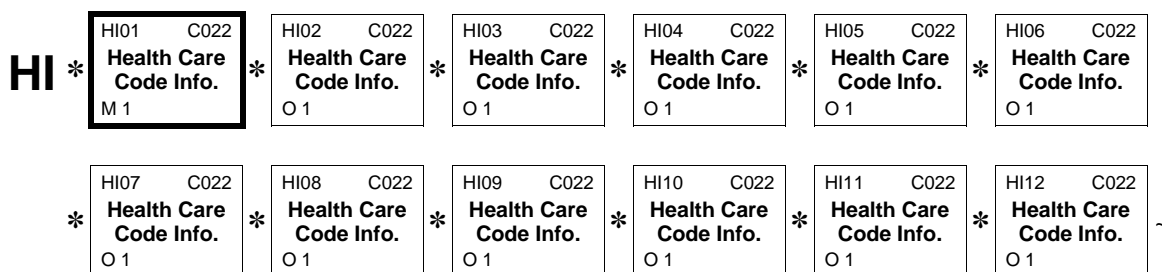
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION	M 1
To send health care codes and their associated dates, amounts and quantities				
OD: 837A1_2300_HI01_C022				

**REQUIRED** HI01 - 1 1270 **Code List Qualifier Code** M ID 1/3  
Code identifying a specific industry code list  
od: 837A1\_2300\_HI01\_C02201\_CodeListQualifierCode

CODE	DEFINITION
<b>BO</b>	<b>Health Care Financing Administration Common Procedural Coding System</b> CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
<b>BQ</b>	<b>International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure</b> CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
<b>CAH</b>	<b>Complimentary, Alternative, or Holistic Procedure Codes</b> CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes
<b>HO</b>	<b>Home Infusion EDI Coalition (HIEC) Product/Service Code</b> CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List

**REQUIRED** HI01 - 2 1271 **Industry Code** M AN 1/30  
Code indicating a code from a specific industry code list  
od: 837A1\_2300\_HI01\_C02202\_ProcedureCode  
**UB-92 Reference [UB-92 Name]:**  
**81 (A-E) [Other Procedure Codes and Dates]**  
**EMC v.6.0 Reference:**  
**Record Type 70 Field No. 15, 17, 19, 21, 23**

**SITUATIONAL** HI01 - 3 1250 **Date Time Period Format Qualifier** X ID 2/3  
Code indicating the date format, time format, or date and time format  
od: 837A1\_2300\_HI01\_C02203\_DateTimePeriodFormatQualifier  
**Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.**

CODE	DEFINITION
<b>D8</b>	<b>Date Expressed in Format CCYYMMDD</b>

**SITUATIONAL** HI01 - 4 1251 **Date Time Period** X AN 1/35  
Expression of a date, a time, or range of dates, times or dates and times  
od: 837A1\_2300\_HI01\_C02204\_ProcedureDate  
**UB-92 Reference [UB-92 Name]:**  
**81 (A-E) [Other Procedure Codes and Dates]**  
**EMC v.6.0 Reference:**  
**Record Type 70 Field No. 16, 18, 20, 22, 24**

**NOT USED** HI01 - 5 782 **Monetary Amount** O R 1/18



NOT USED	HI01 - 6	380	Quantity	O	R	1/15
NOT USED	HI01 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI01 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI01 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI02	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI02\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI02 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI02_C02201_CodeListQualifierCode						

CODE	DEFINITION
BO	<b>Health Care Financing Administration Common Procedural Coding System</b>  CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	<b>International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure</b>  CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
CAH	<b>Complimentary, Alternative, or Holistic Procedure Codes</b>  CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes
HO	<b>Home Infusion EDI Coalition (HIEC) Product/Service Code</b>  CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List

REQUIRED	HI02 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
od: 837A1_2300_HI02_C02202_ProcedureCode						

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL	HI02 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
Code indicating the date format, time format, or date and time format						
od: 837A1_2300_HI02_C02203_DateTimePeriodFormatQualifier						

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

		CODE	DEFINITION			
		<b>D8</b>	<b>Date Expressed in Format CCYYMMDD</b>			
<b>SITUATIONAL</b>	<b>HI02 - 4</b>	<b>1251</b>	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times  od: 837A1_2300_HI02_C02204_ProcedureDate <b>UB-92 Reference [UB-92 Name]:</b> <b>81 (A-E) [Other Procedure Codes and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 70 Field No. 16, 18, 20, 22, 24</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	<b>HI02 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>HI02 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	<b>HI02 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI02 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI02 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>
<b>SITUATIONAL</b>	<b>HI03 C022</b>	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI03_C022 <b>Used when necessary to report multiple additional co-existing conditions.</b>		<b>O</b>	<b>1</b>	
<b>REQUIRED</b>	<b>HI03 - 1</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI03_C02201_CodeListQualifierCode	<b>M</b>	<b>ID</b>	<b>1/3</b>
		<b>BO</b>	<b>Health Care Financing Administration Common Procedural Coding System</b>  CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System			
		<b>BQ</b>	<b>International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure</b>  CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
		<b>CAH</b>	<b>Complimentary, Alternative, or Holistic Procedure Codes</b>  CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes			
		<b>HO</b>	<b>Home Infusion EDI Coalition (HIEC) Product/Service Code</b>  CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List			
<b>REQUIRED</b>	<b>HI03 - 2</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI03_C02202_ProcedureCode <b>UB-92 Reference [UB-92 Name]:</b> <b>81 (A-E) [Other Procedure Codes and Dates]</b>	<b>M</b>	<b>AN</b>	<b>1/30</b>

## EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL HI03 - 3

**1250 Date Time Period Format Qualifier** X ID 2/3  
Code indicating the date format, time format, or date and time format

od: 837A1\_2300\_HI03\_C02203\_DateTimePeriodFormatQualifier

**Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.**

CODE DEFINITION

**D8 Date Expressed in Format CCYYMMDD**

SITUATIONAL HI03 - 4

**1251 Date Time Period** X AN 1/35  
Expression of a date, a time, or range of dates, times or dates and times

od: 837A1\_2300\_HI03\_C02204\_ProcedureDate

**UB-92 Reference [UB-92 Name]:****81 (A-E) [Other Procedure Codes and Dates]**

## EMC v.6.0 Reference:

Record Type 70 Field No. 16, 18, 20, 22, 24

NOT USED HI03 - 5

**782 Monetary Amount** O R 1/18

NOT USED HI03 - 6

**380 Quantity** O R 1/15

NOT USED HI03 - 7

**799 Version Identifier** O AN 1/30

NOT USED HI03 - 8

**1271 Industry Code** X AN 1/30

NOT USED HI03 - 9

**1073 Yes/No Condition or Response Code** X ID 1/1

SITUATIONAL HI04 C022

**HEALTH CARE CODE INFORMATION** O 1  
To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI04\_C022

**Used when necessary to report multiple additional co-existing conditions.**

REQUIRED HI04 - 1

**1270 Code List Qualifier Code** M ID 1/3  
Code identifying a specific industry code list

od: 837A1\_2300\_HI04\_C02201\_CodeListQualifierCode

CODE DEFINITION

**BO Health Care Financing Administration Common Procedural Coding System**CODE SOURCE 130: Health Care Financing Administration  
Common Procedural Coding System**BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**CODE SOURCE 131: International Classification of Diseases  
Clinical Mod (ICD-9-CM) Procedure**CAH Complimentary, Alternative, or Holistic Procedure Codes**

CODE SOURCE 843: Complimentary, Alternative, or Holistic  
Procedure Codes**HO Home Infusion EDI Coalition (HIEC) Product/Service  
Code**CODE SOURCE 513: Home Infusion EDI Coalition (HIEC)  
Product/Service Code List**REQUIRED** HI04 - 2**1271 Industry Code** M AN 1/30  
Code indicating a code from a specific industry code list

od: 837A1\_2300\_HI04\_C02202\_ProcedureCode

**UB-92 Reference [UB-92 Name]:****81 (A-E) [Other Procedure Codes and Dates]****EMC v.6.0 Reference:****Record Type 70 Field No. 15, 17, 19, 21, 23****SITUATIONAL** HI04 - 3**1250 Date Time Period Format Qualifier** X ID 2/3  
Code indicating the date format, time format, or date and time format

od: 837A1\_2300\_HI04\_C02203\_DateTimePeriodFormatQualifier

**Required if the procedure code reported is ICD-9-CM in the  
preceding data element. Used if needed to report a  
procedure date when the code reported is HCPCS. If used,  
the immediately following element is required.**

CODE DEFINITION

**D8 Date Expressed in Format CCYYMMDD****SITUATIONAL** HI04 - 4**1251 Date Time Period** X AN 1/35  
Expression of a date, a time, or range of dates, times or dates and times

od: 837A1\_2300\_HI04\_C02204\_ProcedureDate

**UB-92 Reference [UB-92 Name]:****81 (A-E) [Other Procedure Codes and Dates]****EMC v.6.0 Reference:****Record Type 70 Field No. 16, 18, 20, 22, 24****NOT USED** HI04 - 5**782 Monetary Amount** O R 1/18**NOT USED** HI04 - 6**380 Quantity** O R 1/15**NOT USED** HI04 - 7**799 Version Identifier** O AN 1/30**NOT USED** HI04 - 8**1271 Industry Code** X AN 1/30**NOT USED** HI04 - 9**1073 Yes/No Condition or Response Code** X ID 1/1**SITUATIONAL** HI05 C022**HEALTH CARE CODE INFORMATION** O 1

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI05\_C022

**Used when necessary to report multiple additional co-existing  
conditions.**

REQUIRED	HI05 - 1	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI05_C02201_CodeListQualifierCode	M	ID	1/3
		CODE	DEFINITION			
		BO	<b>Health Care Financing Administration Common Procedural Coding System</b>  CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System			
		BQ	<b>International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure</b>  CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
		CAH	<b>Complimentary, Alternative, or Holistic Procedure Codes</b>  CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes			
		HO	<b>Home Infusion EDI Coalition (HIEC) Product/Service Code</b>  CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List			
REQUIRED	HI05 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI05_C02202_ProcedureCode <b>UB-92 Reference [UB-92 Name]:</b> <b>81 (A-E) [Other Procedure Codes and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 70 Field No. 15, 17, 19, 21, 23</b>	M	AN	1/30
SITUATIONAL	HI05 - 3	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format  od: 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier <b>Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.</b>	X	ID	2/3
		CODE	DEFINITION			
		D8	<b>Date Expressed in Format CCYYMMDD</b>			
SITUATIONAL	HI05 - 4	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times  od: 837A1_2300_HI05_C02204_ProcedureDate <b>UB-92 Reference [UB-92 Name]:</b> <b>81 (A-E) [Other Procedure Codes and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 70 Field No. 16, 18, 20, 22, 24</b>	X	AN	1/35
NOT USED	HI05 - 5	782	<b>Monetary Amount</b>	O	R	1/18

NOT USED	HI05 - 6	380	Quantity	O	R	1/15
NOT USED	HI05 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI05 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI05 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI06	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI06\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI06 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI06_C02201_CodeListQualifierCode						

CODE	DEFINITION
BO	<b>Health Care Financing Administration Common Procedural Coding System</b>  CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	<b>International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure</b>  CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
CAH	<b>Complimentary, Alternative, or Holistic Procedure Codes</b>  CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes
HO	<b>Home Infusion EDI Coalition (HIEC) Product/Service Code</b>  CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List

REQUIRED	HI06 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
od: 837A1_2300_HI06_C02202_ProcedureCode						

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL	HI06 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
Code indicating the date format, time format, or date and time format						
od: 837A1_2300_HI06_C02203_DateTimePeriodFormatQualifier						

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

		CODE	DEFINITION			
		<b>D8</b>	<b>Date Expressed in Format CCYYMMDD</b>			
<b>SITUATIONAL</b>	<b>HI06 - 4</b>	<b>1251</b>	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times  od: 837A1_2300_HI06_C02204_ProcedureDate <b>UB-92 Reference [UB-92 Name]:</b> <b>81 (A-E) [Other Procedure Codes and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 70 Field No. 16, 18, 20, 22, 24</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	<b>HI06 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>HI06 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	<b>HI06 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI06 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI06 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>
<b>SITUATIONAL</b>	<b>HI07 C022</b>	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI07_C022 <b>Used when necessary to report multiple additional co-existing conditions.</b>		<b>O</b>	<b>1</b>	
<b>REQUIRED</b>	<b>HI07 - 1</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI07_C02201_CodeListQualifierCode	<b>M</b>	<b>ID</b>	<b>1/3</b>
		<b>BO</b>	<b>Health Care Financing Administration Common Procedural Coding System</b>  CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System			
		<b>BQ</b>	<b>International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure</b>  CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
		<b>CAH</b>	<b>Complimentary, Alternative, or Holistic Procedure Codes</b>  CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes			
		<b>HO</b>	<b>Home Infusion EDI Coalition (HIEC) Product/Service Code</b>  CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List			
<b>REQUIRED</b>	<b>HI07 - 2</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI07_C02202_ProcedureCode <b>UB-92 Reference [UB-92 Name]:</b> <b>81 (A-E) [Other Procedure Codes and Dates]</b>	<b>M</b>	<b>AN</b>	<b>1/30</b>

## EMC v.6.0 Reference:

## Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL HI07 - 3

**1250 Date Time Period Format Qualifier** X ID 2/3  
Code indicating the date format, time format, or date and time format

od: 837A1\_2300\_HI07\_C02203\_DateTimePeriodFormatQualifier

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

CODE DEFINITION

## D8 Date Expressed in Format CCYYMMDD

SITUATIONAL HI07 - 4

**1251 Date Time Period** X AN 1/35  
Expression of a date, a time, or range of dates, times or dates and times

od: 837A1\_2300\_HI07\_C02204\_ProcedureDate

## UB-92 Reference [UB-92 Name]:

## 81 (A-E) [Other Procedure Codes and Dates]

## EMC v.6.0 Reference:

## Record Type 70 Field No. 16, 18, 20, 22, 24

NOT USED HI07 - 5

**782 Monetary Amount** O R 1/18

NOT USED HI07 - 6

**380 Quantity** O R 1/15

NOT USED HI07 - 7

**799 Version Identifier** O AN 1/30

NOT USED HI07 - 8

**1271 Industry Code** X AN 1/30

NOT USED HI07 - 9

**1073 Yes/No Condition or Response Code** X ID 1/1

SITUATIONAL HI08 C022

**HEALTH CARE CODE INFORMATION** O 1  
To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI08\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED HI08 - 1

**1270 Code List Qualifier Code** M ID 1/3  
Code identifying a specific industry code list

od: 837A1\_2300\_HI08\_C02201\_CodeListQualifierCode

CODE DEFINITION

## BO Health Care Financing Administration Common Procedural Coding System

CODE SOURCE 130: Health Care Financing Administration  
Common Procedural Coding System

## BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure

CODE SOURCE 131: International Classification of Diseases  
Clinical Mod (ICD-9-CM) Procedure

## CAH Complimentary, Alternative, or Holistic Procedure Codes



CODE SOURCE 843: Complimentary, Alternative, or Holistic  
Procedure Codes**HO Home Infusion EDI Coalition (HIEC) Product/Service  
Code**CODE SOURCE 513: Home Infusion EDI Coalition (HIEC)  
Product/Service Code List**REQUIRED** HI08 - 2**1271 Industry Code** M AN 1/30  
Code indicating a code from a specific industry code list

od: 837A1\_2300\_HI08\_C02202\_ProcedureCode

**UB-92 Reference [UB-92 Name]:****81 (A-E) [Other Procedure Codes and Dates]****EMC v.6.0 Reference:****Record Type 70 Field No. 15, 17, 19, 21, 23****SITUATIONAL** HI08 - 3**1250 Date Time Period Format Qualifier** X ID 2/3  
Code indicating the date format, time format, or date and time format

od: 837A1\_2300\_HI08\_C02203\_DateTimePeriodFormatQualifier

**Required if the procedure code reported is ICD-9-CM in the  
preceding data element. Used if needed to report a  
procedure date when the code reported is HCPCS. If used,  
the immediately following element is required.**

CODE DEFINITION

**D8 Date Expressed in Format CCYYMMDD****SITUATIONAL** HI08 - 4**1251 Date Time Period** X AN 1/35  
Expression of a date, a time, or range of dates, times or dates and times

od: 837A1\_2300\_HI08\_C02204\_ProcedureDate

**UB-92 Reference [UB-92 Name]:****81 (A-E) [Other Procedure Codes and Dates]****EMC v.6.0 Reference:****Record Type 70 Field No. 16, 18, 20, 22, 24****NOT USED** HI08 - 5**782 Monetary Amount** O R 1/18**NOT USED** HI08 - 6**380 Quantity** O R 1/15**NOT USED** HI08 - 7**799 Version Identifier** O AN 1/30**NOT USED** HI08 - 8**1271 Industry Code** X AN 1/30**NOT USED** HI08 - 9**1073 Yes/No Condition or Response Code** X ID 1/1**SITUATIONAL** HI09 C022**HEALTH CARE CODE INFORMATION** O 1

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI09\_C022

**Used when necessary to report multiple additional co-existing  
conditions.**

**REQUIRED** HI09 - 1 1270 **Code List Qualifier Code** M ID 1/3  
Code identifying a specific industry code list  
od: 837A1\_2300\_HI09\_C02201\_CodeListQualifierCode

CODE	DEFINITION
<b>BO</b>	<b>Health Care Financing Administration Common Procedural Coding System</b> CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
<b>BQ</b>	<b>International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure</b> CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
<b>CAH</b>	<b>Complimentary, Alternative, or Holistic Procedure Codes</b> CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes
<b>HO</b>	<b>Home Infusion EDI Coalition (HIEC) Product/Service Code</b> CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List

**REQUIRED** HI09 - 2 1271 **Industry Code** M AN 1/30  
Code indicating a code from a specific industry code list  
od: 837A1\_2300\_HI09\_C02202\_ProcedureCode  
**UB-92 Reference [UB-92 Name]:**  
**81 (A-E) [Other Procedure Codes and Dates]**  
**EMC v.6.0 Reference:**  
**Record Type 70 Field No. 15, 17, 19, 21, 23**

**SITUATIONAL** HI09 - 3 1250 **Date Time Period Format Qualifier** X ID 2/3  
Code indicating the date format, time format, or date and time format  
od: 837A1\_2300\_HI09\_C02203\_DateTimePeriodFormatQualifier  
**Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.**

CODE	DEFINITION
<b>D8</b>	<b>Date Expressed in Format CCYYMMDD</b>

**SITUATIONAL** HI09 - 4 1251 **Date Time Period** X AN 1/35  
Expression of a date, a time, or range of dates, times or dates and times  
od: 837A1\_2300\_HI09\_C02204\_ProcedureDate  
**UB-92 Reference [UB-92 Name]:**  
**81 (A-E) [Other Procedure Codes and Dates]**  
**EMC v.6.0 Reference:**  
**Record Type 70 Field No. 16, 18, 20, 22, 24**

**NOT USED** HI09 - 5 782 **Monetary Amount** O R 1/18

NOT USED	HI09 - 6	380	Quantity	O	R	1/15
NOT USED	HI09 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI09 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI09 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI10	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI10\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI10 - 1	1270	Code List Qualifier Code	M	ID	1/3
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Code identifying a specific industry code list

od: 837A1\_2300\_HI10\_C02201\_CodeListQualifierCode

CODE	DEFINITION
BO	<b>Health Care Financing Administration Common Procedural Coding System</b>  CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System
BQ	<b>International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure</b>  CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure
CAH	<b>Complimentary, Alternative, or Holistic Procedure Codes</b>  CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes
HO	<b>Home Infusion EDI Coalition (HIEC) Product/Service Code</b>  CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List

REQUIRED	HI10 - 2	1271	Industry Code	M	AN	1/30
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Code indicating a code from a specific industry code list

od: 837A1\_2300\_HI10\_C02202\_ProcedureCode

UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL	HI10 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
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Code indicating the date format, time format, or date and time format

od: 837A1\_2300\_HI10\_C02203\_DateTimePeriodFormatQualifier

Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.

		CODE	DEFINITION			
		<b>D8</b>	<b>Date Expressed in Format CCYYMMDD</b>			
<b>SITUATIONAL</b>	<b>HI10 - 4</b>	<b>1251</b>	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times  od: 837A1_2300_HI10_C02204_ProcedureDate <b>UB-92 Reference [UB-92 Name]:</b> <b>81 (A-E) [Other Procedure Codes and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 70 Field No. 16, 18, 20, 22, 24</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
<b>NOT USED</b>	<b>HI10 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>HI10 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	<b>HI10 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI10 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI10 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>
<b>SITUATIONAL</b>	<b>HI11 C022</b>	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI11_C022 <b>Used when necessary to report multiple additional co-existing conditions.</b>		<b>O</b>	<b>1</b>	
<b>REQUIRED</b>	<b>HI11 - 1</b>	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI11_C02201_CodeListQualifierCode	<b>M</b>	<b>ID</b>	<b>1/3</b>
		<b>BO</b>	<b>Health Care Financing Administration Common Procedural Coding System</b>  CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System			
		<b>BQ</b>	<b>International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure</b>  CODE SOURCE 131: International Classification of Diseases Clinical Mod (ICD-9-CM) Procedure			
		<b>CAH</b>	<b>Complimentary, Alternative, or Holistic Procedure Codes</b>  CODE SOURCE 843: Complimentary, Alternative, or Holistic Procedure Codes			
		<b>HO</b>	<b>Home Infusion EDI Coalition (HIEC) Product/Service Code</b>  CODE SOURCE 513: Home Infusion EDI Coalition (HIEC) Product/Service Code List			
<b>REQUIRED</b>	<b>HI11 - 2</b>	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI11_C02202_ProcedureCode <b>UB-92 Reference [UB-92 Name]:</b> <b>81 (A-E) [Other Procedure Codes and Dates]</b>	<b>M</b>	<b>AN</b>	<b>1/30</b>

## EMC v.6.0 Reference:

Record Type 70 Field No. 15, 17, 19, 21, 23

SITUATIONAL HI11 - 3

**1250 Date Time Period Format Qualifier** X ID 2/3  
Code indicating the date format, time format, or date and time format

od: 837A1\_2300\_HI11\_C02203\_DateTimePeriodFormatQualifier

**Required if the procedure code reported is ICD-9-CM in the preceding data element. Used if needed to report a procedure date when the code reported is HCPCS. If used, the immediately following element is required.**

CODE DEFINITION

**D8 Date Expressed in Format CCYYMMDD**

SITUATIONAL HI11 - 4

**1251 Date Time Period** X AN 1/35  
Expression of a date, a time, or range of dates, times or dates and times

od: 837A1\_2300\_HI11\_C02204\_ProcedureDate

## UB-92 Reference [UB-92 Name]:

81 (A-E) [Other Procedure Codes and Dates]

## EMC v.6.0 Reference:

Record Type 70 Field No. 16, 18, 20, 22, 24

NOT USED HI11 - 5

**782 Monetary Amount** O R 1/18

NOT USED HI11 - 6

**380 Quantity** O R 1/15

NOT USED HI11 - 7

**799 Version Identifier** O AN 1/30

NOT USED HI11 - 8

**1271 Industry Code** X AN 1/30

NOT USED HI11 - 9

**1073 Yes/No Condition or Response Code** X ID 1/1

SITUATIONAL HI12 C022

**HEALTH CARE CODE INFORMATION** O 1  
To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI12\_C022

**Used when necessary to report multiple additional co-existing conditions.**

REQUIRED HI12 - 1

**1270 Code List Qualifier Code** M ID 1/3  
Code identifying a specific industry code list

od: 837A1\_2300\_HI12\_C02201\_CodeListQualifierCode

CODE DEFINITION

**BO Health Care Financing Administration Common Procedural Coding System**

CODE SOURCE 130: Health Care Financing Administration  
Common Procedural Coding System

**BQ International Classification of Diseases Clinical Modification (ICD-9-CM) Procedure**

CODE SOURCE 131: International Classification of Diseases  
Clinical Mod (ICD-9-CM) Procedure

**CAH Complimentary, Alternative, or Holistic Procedure Codes**

CODE SOURCE 843: Complimentary, Alternative, or Holistic  
Procedure Codes**HO Home Infusion EDI Coalition (HIEC) Product/Service  
Code**CODE SOURCE 513: Home Infusion EDI Coalition (HIEC)  
Product/Service Code List**REQUIRED** HI12 - 2**1271 Industry Code** M AN 1/30  
Code indicating a code from a specific industry code list

od: 837A1\_2300\_HI12\_C02202\_ProcedureCode

**UB-92 Reference [UB-92 Name]:****81 (A-E) [Other Procedure Codes and Dates]****EMC v.6.0 Reference:****Record Type 70 Field No. 15, 17, 19, 21, 23****SITUATIONAL** HI12 - 3**1250 Date Time Period Format Qualifier** X ID 2/3  
Code indicating the date format, time format, or date and time format

od: 837A1\_2300\_HI12\_C02203\_DateTimePeriodFormatQualifier

**Required if the procedure code reported is ICD-9-CM in the  
preceding data element. Used if needed to report a  
procedure date when the code reported is HCPCS. If used,  
the immediately following element is required.**

CODE DEFINITION

**D8 Date Expressed in Format CCYYMMDD****SITUATIONAL** HI12 - 4**1251 Date Time Period** X AN 1/35  
Expression of a date, a time, or range of dates, times or dates and times

od: 837A1\_2300\_HI12\_C02204\_ProcedureDate

**UB-92 Reference [UB-92 Name]:****81 (A-E) [Other Procedure Codes and Dates]****EMC v.6.0 Reference:****Record Type 70 Field No. 16, 18, 20, 22, 24****NOT USED** HI12 - 5**782 Monetary Amount** O R 1/18**NOT USED** HI12 - 6**380 Quantity** O R 1/15**NOT USED** HI12 - 7**799 Version Identifier** O AN 1/30**NOT USED** HI12 - 8**1271 Industry Code** X AN 1/30**NOT USED** HI12 - 9**1073 Yes/No Condition or Response Code** X ID 1/1

## IMPLEMENTATION

## OCCURRENCE SPAN INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1\_2300\_HI

Notes: 1. Required when occurrence span information applies to the claim or encounter.

Example: HI\*BI:70:RD8:19981202-19981212~

## STANDARD

## HI Health Care Information Codes

Level: Detail

Position: 2310

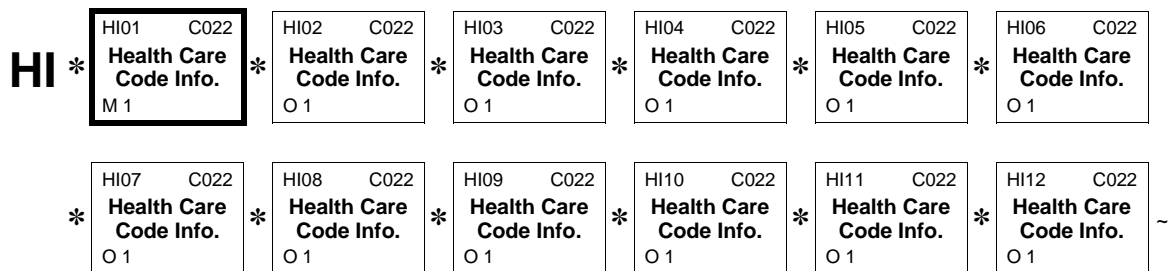
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION	M 1
			To send health care codes and their associated dates, amounts and quantities	
			od: 837A1_2300_HI01_C022	
REQUIRED	HI01 - 1	1270	Code List Qualifier Code	M ID 1/3
			Code identifying a specific industry code list	
			od: 837A1_2300_HI01_C02201_CodeListQualifierCode	
		CODE	DEFINITION	
		BI	Occurrence Span	
			CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	

REQUIRED	HI01 - 2	1271	Industry Code	M	AN	1/30						
Code indicating a code from a specific industry code list												
od: 837A1_2300_HI01_C02202_												
UB-92 Reference [UB-92 Name]:												
36 (a-b) [Occurrence Span Code and Dates]												
EMC v.6.0 Reference:												
Record Type 40 Field No. 28, 29, 30, 31												
REQUIRED	HI01 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3						
Code indicating the date format, time format, or date and time format												
od: 837A1_2300_HI01_C02203_DateTimePeriodFormatQualifier												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>RD8</td><td>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</td></tr></table>							CODE	DEFINITION	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD		
CODE	DEFINITION											
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD											
REQUIRED	HI01 - 4	1251	Date Time Period	X	AN	1/35						
Expression of a date, a time, or range of dates, times or dates and times												
od: 837A1_2300_HI01_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate												
UB-92 Reference [UB-92 Name]:												
36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]												
EMC v.6.0 Reference:												
Record Type 40 Field No. 29, 30, 32, 33												
NOT USED	HI01 - 5	782	Monetary Amount	O	R	1/18						
NOT USED	HI01 - 6	380	Quantity	O	R	1/15						
NOT USED	HI01 - 7	799	Version Identifier	O	AN	1/30						
NOT USED	HI01 - 8	1271	Industry Code	X	AN	1/30						
NOT USED	HI01 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1						
SITUATIONAL	HI02	C022	HEALTH CARE CODE INFORMATION	O	1							
To send health care codes and their associated dates, amounts and quantities												
od: 837A1_2300_HI02_C022												
Used when necessary to report multiple additional co-existing conditions.												
REQUIRED	HI02 - 1	1270	Code List Qualifier Code	M	ID	1/3						
Code identifying a specific industry code list												
od: 837A1_2300_HI02_C02201_CodeListQualifierCode												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BI</td><td>Occurrence Span</td></tr><tr><td colspan="2">CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes</td></tr></table>							CODE	DEFINITION	BI	Occurrence Span	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	
CODE	DEFINITION											
BI	Occurrence Span											
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes												



REQUIRED	HI02 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI02_C02202_  <b>UB-92 Reference [UB-92 Name]:</b> <b>36 (a-b) [Occurrence Span Code and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 40 Field No. 28, 29, 30, 31</b>	M	AN	1/30
REQUIRED	HI02 - 3	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format  od: 837A1_2300_HI02_C02203_DateTimePeriodFormatQualifier	X	ID	2/3
		CODE	DEFINITION			
		RD8	<b>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</b>			
REQUIRED	HI02 - 4	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times  od: 837A1_2300_HI02_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate  <b>UB-92 Reference [UB-92 Name]:</b> <b>36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 40 Field No. 29, 30, 32, 33</b>	X	AN	1/35
NOT USED	HI02 - 5	782	<b>Monetary Amount</b>	O	R	1/18
NOT USED	HI02 - 6	380	<b>Quantity</b>	O	R	1/15
NOT USED	HI02 - 7	799	<b>Version Identifier</b>	O	AN	1/30
NOT USED	HI02 - 8	1271	<b>Industry Code</b>	X	AN	1/30
NOT USED	HI02 - 9	1073	<b>Yes/No Condition or Response Code</b>	X	ID	1/1
SITUATIONAL	HI03	C022	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI03_C022  <b>Used when necessary to report multiple additional co-existing conditions.</b>	O	1	
REQUIRED	HI03 - 1	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI03_C02201_CodeListQualifierCode	M	ID	1/3
		CODE	DEFINITION			
		BI	<b>Occurrence Span</b>  CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes			

REQUIRED	HI03 - 2	1271	Industry Code	M	AN	1/30				
Code indicating a code from a specific industry code list										
od: 837A1_2300_HI03_C02202_										
UB-92 Reference [UB-92 Name]:										
36 (a-b) [Occurrence Span Code and Dates]										
EMC v.6.0 Reference:										
Record Type 40 Field No. 28, 29, 30, 31, 32, 33										
REQUIRED	HI03 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3				
Code indicating the date format, time format, or date and time format										
od: 837A1_2300_HI03_C02203_DateTimePeriodFormatQualifier										
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>RD8</td><td>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</td></tr></table>							CODE	DEFINITION	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
CODE	DEFINITION									
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD									
REQUIRED	HI03 - 4	1251	Date Time Period	X	AN	1/35				
Expression of a date, a time, or range of dates, times or dates and times										
od: 837A1_2300_HI03_C02204_OccurrenceorOccurrenceSpanCodeAssociatedDate										
UB-92 Reference [UB-92 Name]:										
36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]										
EMC v.6.0 Reference:										
Record Type 40 Field No. 29, 30, 32, 33										
NOT USED	HI03 - 5	782	Monetary Amount	O	R	1/18				
NOT USED	HI03 - 6	380	Quantity	O	R	1/15				
NOT USED	HI03 - 7	799	Version Identifier	O	AN	1/30				
NOT USED	HI03 - 8	1271	Industry Code	X	AN	1/30				
NOT USED	HI03 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1				
SITUATIONAL	HI04	C022	HEALTH CARE CODE INFORMATION	O	1					
To send health care codes and their associated dates, amounts and quantities										
od: 837A1_2300_HI04_C022										
Used when necessary to report multiple additional co-existing conditions.										
REQUIRED	HI04 - 1	1270	Code List Qualifier Code	M	ID	1/3				
Code identifying a specific industry code list										
od: 837A1_2300_HI04_C02201_CodeListQualifierCode										
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BI</td><td>Occurrence Span</td></tr></table>							CODE	DEFINITION	BI	Occurrence Span
CODE	DEFINITION									
BI	Occurrence Span									
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes										

REQUIRED	HI04 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI04_C02202_  <b>UB-92 Reference [UB-92 Name]:</b> <b>36 (a-b) [Occurrence Span Code and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 40 Field No. 28, 29, 30, 31, 32, 33</b>	M	AN	1/30
REQUIRED	HI04 - 3	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format  od: 837A1_2300_HI04_C02203_DateTimePeriodFormatQualifier	X	ID	2/3
		CODE	DEFINITION			
		RD8	<b>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</b>			
REQUIRED	HI04 - 4	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times  od: 837A1_2300_HI04_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate  <b>UB-92 Reference [UB-92 Name]:</b> <b>36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 40 Field No. 29, 30, 32, 33</b>	X	AN	1/35
NOT USED	HI04 - 5	782	<b>Monetary Amount</b>	O	R	1/18
NOT USED	HI04 - 6	380	<b>Quantity</b>	O	R	1/15
NOT USED	HI04 - 7	799	<b>Version Identifier</b>	O	AN	1/30
NOT USED	HI04 - 8	1271	<b>Industry Code</b>	X	AN	1/30
NOT USED	HI04 - 9	1073	<b>Yes/No Condition or Response Code</b>	X	ID	1/1
SITUATIONAL	HI05	C022	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI05_C022  <b>Used when necessary to report multiple additional co-existing conditions.</b>	O	1	
REQUIRED	HI05 - 1	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI05_C02201_CodeListQualifierCode	M	ID	1/3
		CODE	DEFINITION			
		BI	<b>Occurrence Span</b>  CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes			

REQUIRED	HI05 - 2	1271	Industry Code	M	AN	1/30						
Code indicating a code from a specific industry code list												
od: 837A1_2300_HI05_C02202_												
UB-92 Reference [UB-92 Name]:												
36 (a-b) [Occurrence Span Code and Dates]												
EMC v.6.0 Reference:												
Record Type 40 Field No. 28, 29, 30, 31, 32, 33												
REQUIRED	HI05 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3						
Code indicating the date format, time format, or date and time format												
od: 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>RD8</td><td>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</td></tr></table>							CODE	DEFINITION	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD		
CODE	DEFINITION											
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD											
REQUIRED	HI05 - 4	1251	Date Time Period	X	AN	1/35						
Expression of a date, a time, or range of dates, times or dates and times												
od: 837A1_2300_HI05_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate												
UB-92 Reference [UB-92 Name]:												
36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]												
EMC v.6.0 Reference:												
Record Type 40 Field No. 29, 30, 32, 33												
NOT USED	HI05 - 5	782	Monetary Amount	O	R	1/18						
NOT USED	HI05 - 6	380	Quantity	O	R	1/15						
NOT USED	HI05 - 7	799	Version Identifier	O	AN	1/30						
NOT USED	HI05 - 8	1271	Industry Code	X	AN	1/30						
NOT USED	HI05 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1						
SITUATIONAL	HI06	C022	HEALTH CARE CODE INFORMATION	O	1							
To send health care codes and their associated dates, amounts and quantities												
od: 837A1_2300_HI06_C022												
Used when necessary to report multiple additional co-existing conditions.												
REQUIRED	HI06 - 1	1270	Code List Qualifier Code	M	ID	1/3						
Code identifying a specific industry code list												
od: 837A1_2300_HI06_C02201_CodeListQualifierCode												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BI</td><td>Occurrence Span</td></tr><tr><td colspan="2">CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes</td></tr></table>							CODE	DEFINITION	BI	Occurrence Span	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	
CODE	DEFINITION											
BI	Occurrence Span											
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes												

REQUIRED	HI06 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI06_C02202_  <b>UB-92 Reference [UB-92 Name]:</b> <b>36 (a-b) [Occurrence Span Code and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 40 Field No. 28, 29, 30, 31, 32, 33</b>	M	AN	1/30
REQUIRED	HI06 - 3	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format  od: 837A1_2300_HI06_C02203_DateTimePeriodFormatQualifier	X	ID	2/3
		CODE	DEFINITION			
		RD8	<b>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</b>			
REQUIRED	HI06 - 4	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times  od: 837A1_2300_HI06_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate  <b>UB-92 Reference [UB-92 Name]:</b> <b>36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 40 Field No. 29, 30, 32, 33</b>	X	AN	1/35
NOT USED	HI06 - 5	782	<b>Monetary Amount</b>	O	R	1/18
NOT USED	HI06 - 6	380	<b>Quantity</b>	O	R	1/15
NOT USED	HI06 - 7	799	<b>Version Identifier</b>	O	AN	1/30
NOT USED	HI06 - 8	1271	<b>Industry Code</b>	X	AN	1/30
NOT USED	HI06 - 9	1073	<b>Yes/No Condition or Response Code</b>	X	ID	1/1
SITUATIONAL	HI07	C022	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI07_C022  <b>Used when necessary to report multiple additional co-existing conditions.</b>	O	1	
REQUIRED	HI07 - 1	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI07_C02201_CodeListQualifierCode	M	ID	1/3
		CODE	DEFINITION			
		BI	<b>Occurrence Span</b>  CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes			

REQUIRED	HI07 - 2	1271	Industry Code	M	AN	1/30						
Code indicating a code from a specific industry code list												
od: 837A1_2300_HI07_C02202_												
UB-92 Reference [UB-92 Name]:												
36 (a-b) [Occurrence Span Code and Dates]												
EMC v.6.0 Reference:												
Record Type 40 Field No. 28, 29, 30, 31, 32, 33												
REQUIRED	HI07 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3						
Code indicating the date format, time format, or date and time format												
od: 837A1_2300_HI07_C02203_DateTimePeriodFormatQualifier												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>RD8</td><td>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</td></tr></table>							CODE	DEFINITION	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD		
CODE	DEFINITION											
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD											
REQUIRED	HI07 - 4	1251	Date Time Period	X	AN	1/35						
Expression of a date, a time, or range of dates, times or dates and times												
od: 837A1_2300_HI07_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate												
UB-92 Reference [UB-92 Name]:												
36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]												
EMC v.6.0 Reference:												
Record Type 40 Field No. 29, 30, 32, 33												
NOT USED	HI07 - 5	782	Monetary Amount	O	R	1/18						
NOT USED	HI07 - 6	380	Quantity	O	R	1/15						
NOT USED	HI07 - 7	799	Version Identifier	O	AN	1/30						
NOT USED	HI07 - 8	1271	Industry Code	X	AN	1/30						
NOT USED	HI07 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1						
SITUATIONAL	HI08	C022	HEALTH CARE CODE INFORMATION	O	1							
To send health care codes and their associated dates, amounts and quantities												
od: 837A1_2300_HI08_C022												
Used when necessary to report multiple additional co-existing conditions.												
REQUIRED	HI08 - 1	1270	Code List Qualifier Code	M	ID	1/3						
Code identifying a specific industry code list												
od: 837A1_2300_HI08_C02201_CodeListQualifierCode												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BI</td><td>Occurrence Span</td></tr><tr><td colspan="2">CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes</td></tr></table>							CODE	DEFINITION	BI	Occurrence Span	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	
CODE	DEFINITION											
BI	Occurrence Span											
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes												

REQUIRED	HI08 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI08_C02202_ <b>UB-92 Reference [UB-92 Name]:</b> <b>36 (a-b) [Occurrence Span Code and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 40 Field No. 28, 29, 30, 31, 32, 33</b>	M	AN	1/30
REQUIRED	HI08 - 3	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format  od: 837A1_2300_HI08_C02203_DateTimePeriodFormatQualifier	X	ID	2/3
		CODE	DEFINITION			
		RD8	<b>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</b>			
REQUIRED	HI08 - 4	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times  od: 837A1_2300_HI08_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate <b>UB-92 Reference [UB-92 Name]:</b> <b>36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 40 Field No. 29, 30, 32, 33</b>	X	AN	1/35
NOT USED	HI08 - 5	782	<b>Monetary Amount</b>	O	R	1/18
NOT USED	HI08 - 6	380	<b>Quantity</b>	O	R	1/15
NOT USED	HI08 - 7	799	<b>Version Identifier</b>	O	AN	1/30
NOT USED	HI08 - 8	1271	<b>Industry Code</b>	X	AN	1/30
NOT USED	HI08 - 9	1073	<b>Yes/No Condition or Response Code</b>	X	ID	1/1
SITUATIONAL	HI09	C022	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI09_C022 <b>Used when necessary to report multiple additional co-existing conditions.</b>	O	1	
REQUIRED	HI09 - 1	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI09_C02201_CodeListQualifierCode	M	ID	1/3
		CODE	DEFINITION			
		BI	<b>Occurrence Span</b>  CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes			

REQUIRED	HI09 - 2	1271	Industry Code	M	AN	1/30				
Code indicating a code from a specific industry code list										
od: 837A1_2300_HI09_C02202_										
UB-92 Reference [UB-92 Name]:										
36 (a-b) [Occurrence Span Code and Dates]										
EMC v.6.0 Reference:										
Record Type 40 Field No. 28, 29, 30, 31, 32, 33										
REQUIRED	HI09 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3				
Code indicating the date format, time format, or date and time format										
od: 837A1_2300_HI09_C02203_DateTimePeriodFormatQualifier										
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>RD8</td><td>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</td></tr></table>							CODE	DEFINITION	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
CODE	DEFINITION									
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD									
REQUIRED	HI09 - 4	1251	Date Time Period	X	AN	1/35				
Expression of a date, a time, or range of dates, times or dates and times										
od: 837A1_2300_HI09_C02204_OccurrenceorOccurrenceSpanCodeAssociatedDate										
UB-92 Reference [UB-92 Name]:										
36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]										
EMC v.6.0 Reference:										
Record Type 40 Field No. 29, 30, 32, 33										
NOT USED	HI09 - 5	782	Monetary Amount	O	R	1/18				
NOT USED	HI09 - 6	380	Quantity	O	R	1/15				
NOT USED	HI09 - 7	799	Version Identifier	O	AN	1/30				
NOT USED	HI09 - 8	1271	Industry Code	X	AN	1/30				
NOT USED	HI09 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1				
SITUATIONAL	HI10	C022	HEALTH CARE CODE INFORMATION	O	1					
To send health care codes and their associated dates, amounts and quantities										
od: 837A1_2300_HI10_C022										
Used when necessary to report multiple additional co-existing conditions.										
REQUIRED	HI10 - 1	1270	Code List Qualifier Code	M	ID	1/3				
Code identifying a specific industry code list										
od: 837A1_2300_HI10_C02201_CodeListQualifierCode										
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BI</td><td>Occurrence Span</td></tr></table>							CODE	DEFINITION	BI	Occurrence Span
CODE	DEFINITION									
BI	Occurrence Span									
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes										



REQUIRED	HI10 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI10_C02202_ <b>UB-92 Reference [UB-92 Name]:</b> <b>36 (a-b) [Occurrence Span Code and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 40 Field No. 28, 29, 30, 31, 32, 33</b>	M	AN	1/30
REQUIRED	HI10 - 3	1250	<b>Date Time Period Format Qualifier</b> Code indicating the date format, time format, or date and time format  od: 837A1_2300_HI10_C02203_DateTimePeriodFormatQualifier	X	ID	2/3
		CODE	DEFINITION			
		RD8	<b>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</b>			
REQUIRED	HI10 - 4	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times  od: 837A1_2300_HI10_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate <b>UB-92 Reference [UB-92 Name]:</b> <b>36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 40 Field No. 29, 30, 32, 33</b>	X	AN	1/35
NOT USED	HI10 - 5	782	<b>Monetary Amount</b>	O	R	1/18
NOT USED	HI10 - 6	380	<b>Quantity</b>	O	R	1/15
NOT USED	HI10 - 7	799	<b>Version Identifier</b>	O	AN	1/30
NOT USED	HI10 - 8	1271	<b>Industry Code</b>	X	AN	1/30
NOT USED	HI10 - 9	1073	<b>Yes/No Condition or Response Code</b>	X	ID	1/1
SITUATIONAL	HI11	C022	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI11_C022 <b>Used when necessary to report multiple additional co-existing conditions.</b>	O	1	
REQUIRED	HI11 - 1	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI11_C02201_CodeListQualifierCode	M	ID	1/3
		CODE	DEFINITION			
		BI	<b>Occurrence Span</b>  CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes			

REQUIRED	HI11 - 2	1271	Industry Code	M	AN	1/30						
Code indicating a code from a specific industry code list												
od: 837A1_2300_HI11_C02202_												
UB-92 Reference [UB-92 Name]:												
36 (a-b) [Occurrence Span Code and Dates]												
EMC v.6.0 Reference:												
Record Type 40 Field No. 28, 29, 30, 31, 32, 33												
REQUIRED	HI11 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3						
Code indicating the date format, time format, or date and time format												
od: 837A1_2300_HI11_C02203_DateTimePeriodFormatQualifier												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>RD8</td><td>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</td></tr></table>							CODE	DEFINITION	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD		
CODE	DEFINITION											
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD											
REQUIRED	HI11 - 4	1251	Date Time Period	X	AN	1/35						
Expression of a date, a time, or range of dates, times or dates and times												
od: 837A1_2300_HI11_C02204_OccurrenceorOccurrenceSpanCodeAssociatedDate												
UB-92 Reference [UB-92 Name]:												
36 (a-b), "FROM" and "THROUGH" fields [Occurrence Span Code and Dates]												
EMC v.6.0 Reference:												
Record Type 40 Field No. 29, 30, 32, 33												
NOT USED	HI11 - 5	782	Monetary Amount	O	R	1/18						
NOT USED	HI11 - 6	380	Quantity	O	R	1/15						
NOT USED	HI11 - 7	799	Version Identifier	O	AN	1/30						
NOT USED	HI11 - 8	1271	Industry Code	X	AN	1/30						
NOT USED	HI11 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1						
SITUATIONAL	HI12	C022	HEALTH CARE CODE INFORMATION	O	1							
To send health care codes and their associated dates, amounts and quantities												
od: 837A1_2300_HI12_C022												
Used when necessary to report multiple additional co-existing conditions.												
REQUIRED	HI12 - 1	1270	Code List Qualifier Code	M	ID	1/3						
Code identifying a specific industry code list												
od: 837A1_2300_HI12_C02201_CodeListQualifierCode												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BI</td><td>Occurrence Span</td></tr><tr><td colspan="2">CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes</td></tr></table>							CODE	DEFINITION	BI	Occurrence Span	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	
CODE	DEFINITION											
BI	Occurrence Span											
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes												

REQUIRED	HI12 - 2	1271	Industry Code Code indicating a code from a specific industry code list  od: 837A1_2300_HI12_C02202_ <b>UB-92 Reference [UB-92 Name]:</b> <b>36 (a-b) [Occurrence Span Code and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 40 Field No. 28, 29, 30, 31, 32, 33</b>	M	AN	1/30				
REQUIRED	HI12 - 3	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format  od: 837A1_2300_HI12_C02203_DateTimePeriodFormatQualifier	X	ID	2/3				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>RD8</td><td>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</td></tr></table>							CODE	DEFINITION	RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD
CODE	DEFINITION									
RD8	Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD									
REQUIRED	HI12 - 4	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times  od: 837A1_2300_HI12_C02204_OccurrenceorOccurrenceSpanCodeAssociatedDate <b>UB-92 Reference [UB-92 Name]:</b> <b>36 (a-b), “FROM” and “THROUGH” fields [Occurrence Span Code and Dates]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 40 Field No. 29, 30, 32, 33</b>	X	AN	1/35				
NOT USED	HI12 - 5	782	Monetary Amount	O	R	1/18				
NOT USED	HI12 - 6	380	Quantity	O	R	1/15				
NOT USED	HI12 - 7	799	Version Identifier	O	AN	1/30				
NOT USED	HI12 - 8	1271	Industry Code	X	AN	1/30				
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1				

## IMPLEMENTATION

## OCCURRENCE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1\_2300\_HI

Notes: 1. Required when occurrence information applies to the claim or encounter.

Example: HI\*BH:42:D8:19981208~

## STANDARD

## HI Health Care Information Codes

Level: Detail

Position: 2310

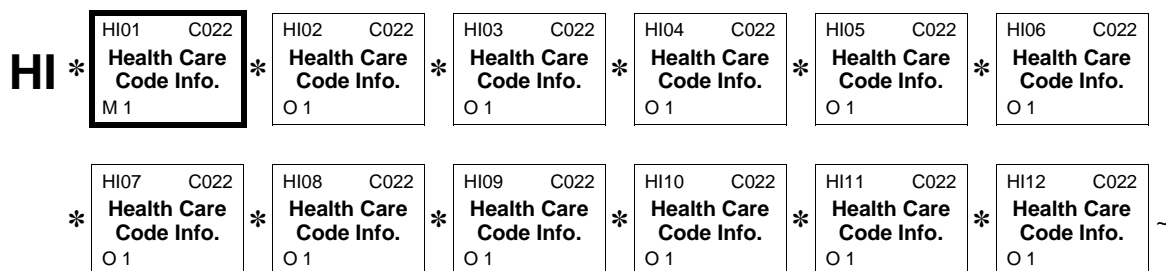
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION	M 1		
To send health care codes and their associated dates, amounts and quantities						
od: 837A1_2300_HI01_C022						
REQUIRED	HI01 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI01_C02201_CodeListQualifierCode						
CODE		DEFINITION				
BH		Occurrence				
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes						

REQUIRED	HI01 - 2	1271	Industry Code Code indicating a code from a specific industry code list  od: 837A1_2300_HI01_C02202_OccurrenceCode  UB-92 Reference [UB-92 Name]: 32 (a-b) [Occurrence Codes and Dates] 33 (a-b) [Occurrence Codes and Dates] 34 (a-b) [Occurrence Codes and Dates] 35 (a-b) [Occurrence Codes and Dates]  EMC v.6.0 Reference: Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26	M	AN	1/30				
REQUIRED	HI01 - 3	1250	Date Time Period Format Qualifier Code indicating the date format, time format, or date and time format  od: 837A1_2300_HI01_C02203_DateTimePeriodFormatQualifier	X	ID	2/3				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>D8</td><td>Date Expressed in Format CCYYMMDD</td></tr></table>							CODE	DEFINITION	D8	Date Expressed in Format CCYYMMDD
CODE	DEFINITION									
D8	Date Expressed in Format CCYYMMDD									
REQUIRED	HI01 - 4	1251	Date Time Period Expression of a date, a time, or range of dates, times or dates and times  od: 837A1_2300_HI01_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate  UB-92 Reference [UB-92 Name]: 32 (a-b), "DATE" field [Occurrence Codes and Dates] 33 (a-b), "DATE" field [Occurrence Codes and Dates] 34 (a-b), "DATE" field [Occurrence Codes and Dates] 35 (a-b), "DATE" field [Occurrence Codes and Dates]  EMC v.6.0 Reference: Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27	X	AN	1/35				
NOT USED	HI01 - 5	782	Monetary Amount	O	R	1/18				
NOT USED	HI01 - 6	380	Quantity	O	R	1/15				
NOT USED	HI01 - 7	799	Version Identifier	O	AN	1/30				
NOT USED	HI01 - 8	1271	Industry Code	X	AN	1/30				
NOT USED	HI01 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1				
SITUATIONAL	HI02	C022	HEALTH CARE CODE INFORMATION To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI02_C022  Used when necessary to report multiple additional co-existing conditions.	O	1					

<b>REQUIRED</b>	<b>HI02 - 1</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M</b>	<b>ID</b>	<b>1/3</b>
Code identifying a specific industry code list						
OD: 837A1_2300_HI02_C02201_CodeListQualifierCode						

CODE	DEFINITION
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<b>BH</b>	<b>Occurrence</b>
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	

<b>REQUIRED</b>	<b>HI02 - 2</b>	<b>1271</b>	<b>Industry Code</b>	<b>M</b>	<b>AN</b>	<b>1/30</b>
Code indicating a code from a specific industry code list						
OD: 837A1_2300_HI02_C02202_OccurrenceCode						

**UB-92 Reference [UB-92 Name]:****32 (a-b) [Occurrence Codes and Dates]****33 (a-b) [Occurrence Codes and Dates]****34 (a-b) [Occurrence Codes and Dates]****35 (a-b) [Occurrence Codes and Dates]****EMC v.6.0 Reference:****Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26**

<b>REQUIRED</b>	<b>HI02 - 3</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID</b>	<b>2/3</b>
Code indicating the date format, time format, or date and time format						
OD: 837A1_2300_HI02_C02203_DateTimePeriodFormatQualifier						

CODE	DEFINITION
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<b>D8</b>	<b>Date Expressed in Format CCYYMMDD</b>
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<b>REQUIRED</b>	<b>HI02 - 4</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
Expression of a date, a time, or range of dates, times or dates and times						
OD: 837A1_2300_HI02_C02204_OccurrenceorOccurrenceSpanCodeAssociatedDate						

**UB-92 Reference [UB-92 Name]:****32 (a-b), "DATE" field [Occurrence Codes and Dates]****33 (a-b), "DATE" field [Occurrence Codes and Dates]****34 (a-b), "DATE" field [Occurrence Codes and Dates]****35 (a-b), "DATE" field [Occurrence Codes and Dates]****EMC v.6.0 Reference:****Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27**

<b>NOT USED</b>	<b>HI02 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>HI02 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	<b>HI02 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI02 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	<b>HI02 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>

SITUATIONAL	HI03	C022	HEALTH CARE CODE INFORMATION				O 1
To send health care code codes and their associated dates, amounts and quantities							
OD: 837A1_2300_HI03_C022							
Used when necessary to report multiple additional co-existing conditions.							
REQUIRED	HI03 - 1	1270	Code List Qualifier Code	M	ID	1/3	
Code identifying a specific industry code list							
OD: 837A1_2300_HI03_C02201_CodeListQualifierCode							
		CODE	DEFINITION				
		BH	Occurrence				
		CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes					
REQUIRED	HI03 - 2	1271	Industry Code	M	AN	1/30	
Code indicating a code from a specific industry code list							
OD: 837A1_2300_HI03_C02202_OccurrenceCode							
UB-92 Reference [UB-92 Name]:							
32 (a-b) [Occurrence Codes and Dates]							
33 (a-b) [Occurrence Codes and Dates]							
34 (a-b) [Occurrence Codes and Dates]							
35 (a-b) [Occurrence Codes and Dates]							
EMC v.6.0 Reference:							
Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26							
REQUIRED	HI03 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3	
Code indicating the date format, time format, or date and time format							
OD: 837A1_2300_HI03_C02203_DateTimePeriodFormatQualifier							
		CODE	DEFINITION				
		D8	Date Expressed in Format CCYYMMDD				
REQUIRED	HI03 - 4	1251	Date Time Period	X	AN	1/35	
Expression of a date, a time, or range of dates, times or dates and times							
OD: 837A1_2300_HI03_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate							
UB-92 Reference [UB-92 Name]:							
32 (a-b), "DATE" field [Occurrence Codes and Dates]							
33 (a-b), "DATE" field [Occurrence Codes and Dates]							
34 (a-b), "DATE" field [Occurrence Codes and Dates]							
35 (a-b), "DATE" field [Occurrence Codes and Dates]							
EMC v.6.0 Reference:							
Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27							
NOT USED	HI03 - 5	782	Monetary Amount	O	R	1/18	
NOT USED	HI03 - 6	380	Quantity	O	R	1/15	
NOT USED	HI03 - 7	799	Version Identifier	O	AN	1/30	

NOT USED	HI03 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI03 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI04	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

OD: 837A1\_2300\_HI04\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI04 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
OD: 837A1_2300_HI04_C02201_CodeListQualifierCode						

CODE	DEFINITION
------	------------

**BH Occurrence**

CODE SOURCE 132: National Uniform Billing Committee (NUBC)  
Codes

REQUIRED	HI04 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
OD: 837A1_2300_HI04_C02202_OccurrenceCode						

UB-92 Reference [UB-92 Name]:

32 (a-b) [Occurrence Codes and Dates]

33 (a-b) [Occurrence Codes and Dates]

34 (a-b) [Occurrence Codes and Dates]

35 (a-b) [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED	HI04 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
Code indicating the date format, time format, or date and time format						
OD: 837A1_2300_HI04_C02203_DateTimePeriodFormatQualifier						

CODE	DEFINITION
------	------------

**D8 Date Expressed in Format CCYYMMDD**

REQUIRED	HI04 - 4	1251	Date Time Period	X	AN	1/35
Expression of a date, a time, or range of dates, times or dates and times						
OD: 837A1_2300_HI04_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate						

UB-92 Reference [UB-92 Name]:

32 (a-b), "DATE" field [Occurrence Codes and Dates]

33 (a-b), "DATE" field [Occurrence Codes and Dates]

34 (a-b), "DATE" field [Occurrence Codes and Dates]

35 (a-b), "DATE" field [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED	HI04 - 5	782	Monetary Amount	O	R	1/18
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NOT USED	HI04 - 6	380	Quantity	O	R	1/15
NOT USED	HI04 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI04 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI04 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI05	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI05\_C022

**Used when necessary to report multiple additional co-existing conditions.**

REQUIRED	HI05 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI05_C02201_CodeListQualifierCode						

CODE	DEFINITION
<b>BH</b>	<b>Occurrence</b>
CODE SOURCE <b>132</b> : National Uniform Billing Committee (NUBC) Codes	

REQUIRED	HI05 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
od: 837A1_2300_HI05_C02202_OccurrenceCode						

**UB-92 Reference [UB-92 Name]:****32 (a-b) [Occurrence Codes and Dates]****33 (a-b) [Occurrence Codes and Dates]****34 (a-b) [Occurrence Codes and Dates]****35 (a-b) [Occurrence Codes and Dates]****EMC v.6.0 Reference:****Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26**

REQUIRED	HI05 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
Code indicating the date format, time format, or date and time format						
od: 837A1_2300_HI05_C02203_DateTimePeriodFormatQualifier						

CODE	DEFINITION
<b>D8</b>	<b>Date Expressed in Format CCYYMMDD</b>

REQUIRED	HI05 - 4	1251	Date Time Period	X	AN	1/35
Expression of a date, a time, or range of dates, times or dates and times						
od: 837A1_2300_HI05_C02204_OccurrenceorOccurrenceSpanCodeAssociatedDate						

**UB-92 Reference [UB-92 Name]:****32 (a-b), "DATE" field [Occurrence Codes and Dates]****33 (a-b), "DATE" field [Occurrence Codes and Dates]****34 (a-b), "DATE" field [Occurrence Codes and Dates]****35 (a-b), "DATE" field [Occurrence Codes and Dates]**

## EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED	HI05 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI05 - 6	380	Quantity	O	R	1/15
NOT USED	HI05 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI05 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI05 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI06	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

OD: 837A1\_2300\_HI06\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI06 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
OD: 837A1_2300_HI06_C02201_CodeListQualifierCode						

CODE	DEFINITION
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**BH** OccurrenceCODE SOURCE 132: National Uniform Billing Committee (NUBC)  
Codes

REQUIRED	HI06 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
OD: 837A1_2300_HI06_C02202_OccurrenceCode						

## UB-92 Reference [UB-92 Name]:

32 (a-b) [Occurrence Codes and Dates]

33 (a-b) [Occurrence Codes and Dates]

34 (a-b) [Occurrence Codes and Dates]

35 (a-b) [Occurrence Codes and Dates]

## EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED	HI06 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
Code indicating the date format, time format, or date and time format						
OD: 837A1_2300_HI06_C02203_DateTimePeriodFormatQualifier						

CODE	DEFINITION
------	------------

**D8** Date Expressed in Format CCYYMMDD

REQUIRED	HI06 - 4	1251	Date Time Period	X	AN	1/35
Expression of a date, a time, or range of dates, times or dates and times						
OD: 837A1_2300_HI06_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate						

## UB-92 Reference [UB-92 Name]:

32 (a-b), "DATE" field [Occurrence Codes and Dates]

33 (a-b), "DATE" field [Occurrence Codes and Dates]

34 (a-b), "DATE" field [Occurrence Codes and Dates]

35 (a-b), "DATE" field [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED	HI06 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI06 - 6	380	Quantity	O	R	1/15
NOT USED	HI06 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI06 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI06 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI07	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI07\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI07 - 1	1270	Code List Qualifier Code	M	ID	1/3
			Code identifying a specific industry code list			
			od: 837A1_2300_HI07_C02201_CodeListQualifierCode			

CODE	DEFINITION
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**BH** OccurrenceCODE SOURCE 132: National Uniform Billing Committee (NUBC)  
Codes

REQUIRED	HI07 - 2	1271	Industry Code	M	AN	1/30
			Code indicating a code from a specific industry code list			
			od: 837A1_2300_HI07_C02202_OccurrenceCode			

UB-92 Reference [UB-92 Name]:

32 (a-b) [Occurrence Codes and Dates]

33 (a-b) [Occurrence Codes and Dates]

34 (a-b) [Occurrence Codes and Dates]

35 (a-b) [Occurrence Codes and Dates]

EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED	HI07 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
			Code indicating the date format, time format, or date and time format			
			od: 837A1_2300_HI07_C02203_DateTimePeriodFormatQualifier			

CODE	DEFINITION
------	------------

**D8** Date Expressed in Format CCYYMMDD

REQUIRED	HI07 - 4	1251	<b>Date Time Period</b> Expression of a date, a time, or range of dates, times or dates and times  OD: 837A1_2300_HI07_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate  <b>UB-92 Reference [UB-92 Name]:</b> 32 (a-b), "DATE" field [Occurrence Codes and Dates] 33 (a-b), "DATE" field [Occurrence Codes and Dates] 34 (a-b), "DATE" field [Occurrence Codes and Dates] 35 (a-b), "DATE" field [Occurrence Codes and Dates]  <b>EMC v.6.0 Reference:</b> Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27	X	AN	1/35				
NOT USED	HI07 - 5	782	<b>Monetary Amount</b>	O	R	1/18				
NOT USED	HI07 - 6	380	<b>Quantity</b>	O	R	1/15				
NOT USED	HI07 - 7	799	<b>Version Identifier</b>	O	AN	1/30				
NOT USED	HI07 - 8	1271	<b>Industry Code</b>	X	AN	1/30				
NOT USED	HI07 - 9	1073	<b>Yes/No Condition or Response Code</b>	X	ID	1/1				
SITUATIONAL	HI08	C022	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  OD: 837A1_2300_HI08_C022  <b>Used when necessary to report multiple additional co-existing conditions.</b>	O	1					
REQUIRED	HI08 - 1	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  OD: 837A1_2300_HI08_C02201_CodeListQualifierCode	M	ID	1/3				
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BH</td><td><b>Occurrence</b>  CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes</td></tr></table>							CODE	DEFINITION	BH	<b>Occurrence</b>  CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
CODE	DEFINITION									
BH	<b>Occurrence</b>  CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes									
REQUIRED	HI08 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  OD: 837A1_2300_HI08_C02202_OccurrenceCode  <b>UB-92 Reference [UB-92 Name]:</b> 32 (a-b) [Occurrence Codes and Dates] 33 (a-b) [Occurrence Codes and Dates] 34 (a-b) [Occurrence Codes and Dates] 35 (a-b) [Occurrence Codes and Dates]  <b>EMC v.6.0 Reference:</b> Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26	M	AN	1/30				

REQUIRED	HI08 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3	Code indicating the date format, time format, or date and time format
od: 837A1_2300_HI08_C02203_DateTimePeriodFormatQualifier							
		CODE	DEFINITION				
		D8	Date Expressed in Format CCYYMMDD				
REQUIRED	HI08 - 4	1251	Date Time Period	X	AN	1/35	Expression of a date, a time, or range of dates, times or dates and times
od: 837A1_2300_HI08_C02204_OccurrenceorOccurrenceSpanCodeAssociatedDate							
UB-92 Reference [UB-92 Name]:							
32 (a-b), "DATE" field [Occurrence Codes and Dates]							
33 (a-b), "DATE" field [Occurrence Codes and Dates]							
34 (a-b), "DATE" field [Occurrence Codes and Dates]							
35 (a-b), "DATE" field [Occurrence Codes and Dates]							
EMC v.6.0 Reference:							
Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27							
NOT USED	HI08 - 5	782	Monetary Amount	O	R	1/18	
NOT USED	HI08 - 6	380	Quantity	O	R	1/15	
NOT USED	HI08 - 7	799	Version Identifier	O	AN	1/30	
NOT USED	HI08 - 8	1271	Industry Code	X	AN	1/30	
NOT USED	HI08 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1	
SITUATIONAL	HI09	C022	HEALTH CARE CODE INFORMATION	O	1		To send health care codes and their associated dates, amounts and quantities
od: 837A1_2300_HI09_C022							
Used when necessary to report multiple additional co-existing conditions.							
REQUIRED	HI09 - 1	1270	Code List Qualifier Code	M	ID	1/3	Code identifying a specific industry code list
od: 837A1_2300_HI09_C02201_CodeListQualifierCode							
		CODE	DEFINITION				
		BH	Occurrence				
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes							
REQUIRED	HI09 - 2	1271	Industry Code	M	AN	1/30	Code indicating a code from a specific industry code list
od: 837A1_2300_HI09_C02202_OccurrenceCode							
UB-92 Reference [UB-92 Name]:							
32 (a-b) [Occurrence Codes and Dates]							
33 (a-b) [Occurrence Codes and Dates]							
34 (a-b) [Occurrence Codes and Dates]							
35 (a-b) [Occurrence Codes and Dates]							

## EMC v.6.0 Reference:

Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26

REQUIRED HI09 - 3

**1250 Date Time Period Format Qualifier** X ID 2/3  
Code indicating the date format, time format, or date and time format

od: 837A1\_2300\_HI09\_C02203\_DateTimePeriodFormatQualifier

CODE	DEFINITION
------	------------

**D8 Date Expressed in Format CCYYMMDD**

REQUIRED HI09 - 4

**1251 Date Time Period** X AN 1/35  
Expression of a date, a time, or range of dates, times or dates and timesod:  
837A1\_2300\_HI09\_C02204\_OccurrenceorOccurrenceSpanCodeAssociat  
edDate

## UB-92 Reference [UB-92 Name]:

32 (a-b), "DATE" field [Occurrence Codes and Dates]

33 (a-b), "DATE" field [Occurrence Codes and Dates]

34 (a-b), "DATE" field [Occurrence Codes and Dates]

35 (a-b), "DATE" field [Occurrence Codes and Dates]

## EMC v.6.0 Reference:

Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27

NOT USED HI09 - 5

**782 Monetary Amount** O R 1/18

NOT USED HI09 - 6

**380 Quantity** O R 1/15

NOT USED HI09 - 7

**799 Version Identifier** O AN 1/30

NOT USED HI09 - 8

**1271 Industry Code** X AN 1/30

NOT USED HI09 - 9

**1073 Yes/No Condition or Response Code** X ID 1/1

SITUATIONAL HI10 C022

**HEALTH CARE CODE INFORMATION** O 1

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI10\_C022

Used when necessary to report multiple additional co-existing  
conditions.

REQUIRED HI10 - 1

**1270 Code List Qualifier Code** M ID 1/3  
Code identifying a specific industry code list

od: 837A1\_2300\_HI10\_C02201\_CodeListQualifierCode

CODE	DEFINITION
------	------------

**BH Occurrence**CODE SOURCE 132: National Uniform Billing Committee (NUBC)  
Codes

REQUIRED HI10 - 2

**1271 Industry Code** M AN 1/30  
Code indicating a code from a specific industry code list

od: 837A1\_2300\_HI10\_C02202\_OccurrenceCode

## UB-92 Reference [UB-92 Name]:

32 (a-b) [Occurrence Codes and Dates]

33 (a-b) [Occurrence Codes and Dates]

**34 (a-b) [Occurrence Codes and Dates]****35 (a-b) [Occurrence Codes and Dates]****EMC v.6.0 Reference:****Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26****REQUIRED** HI10 - 3**1250 Date Time Period Format Qualifier** X ID 2/3  
Code indicating the date format, time format, or date and time format

OD: 837A1\_2300\_HI10\_C02203\_DateTimePeriodFormatQualifier

CODE DEFINITION

**D8 Date Expressed in Format CCYYMMDD****REQUIRED** HI10 - 4**1251 Date Time Period** X AN 1/35  
Expression of a date, a time, or range of dates, times or dates and timesOD:  
837A1\_2300\_HI10\_C02204\_OccurrenceorOccurrenceSpanCodeAssociat  
edDate**UB-92 Reference [UB-92 Name]:****32 (a-b), "DATE" field [Occurrence Codes and Dates]****33 (a-b), "DATE" field [Occurrence Codes and Dates]****34 (a-b), "DATE" field [Occurrence Codes and Dates]****35 (a-b), "DATE" field [Occurrence Codes and Dates]****EMC v.6.0 Reference:****Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27****NOT USED** HI10 - 5**782 Monetary Amount** O R 1/18**NOT USED** HI10 - 6**380 Quantity** O R 1/15**NOT USED** HI10 - 7**799 Version Identifier** O AN 1/30**NOT USED** HI10 - 8**1271 Industry Code** X AN 1/30**NOT USED** HI10 - 9**1073 Yes/No Condition or Response Code** X ID 1/1**SITUATIONAL** HI11 C022**HEALTH CARE CODE INFORMATION** O 1

To send health care codes and their associated dates, amounts and quantities

OD: 837A1\_2300\_HI11\_C022

**Used when necessary to report multiple additional co-existing conditions.****REQUIRED** HI11 - 1**1270 Code List Qualifier Code** M ID 1/3  
Code identifying a specific industry code list

OD: 837A1\_2300\_HI11\_C02201\_CodeListQualifierCode

CODE DEFINITION

**BH Occurrence**CODE SOURCE 132: National Uniform Billing Committee (NUBC)  
Codes

REQUIRED	HI11 - 2	1271	Industry Code	M	AN	1/30				
Code indicating a code from a specific industry code list										
od: 837A1_2300_HI11_C02202_OccurrenceCode										
UB-92 Reference [UB-92 Name]:										
32 (a-b) [Occurrence Codes and Dates]										
33 (a-b) [Occurrence Codes and Dates]										
34 (a-b) [Occurrence Codes and Dates]										
35 (a-b) [Occurrence Codes and Dates]										
EMC v.6.0 Reference:										
Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26										
REQUIRED	HI11 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3				
Code indicating the date format, time format, or date and time format										
od: 837A1_2300_HI11_C02203_DateTimePeriodFormatQualifier										
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>D8</td><td>Date Expressed in Format CCYYMMDD</td></tr></table>							CODE	DEFINITION	D8	Date Expressed in Format CCYYMMDD
CODE	DEFINITION									
D8	Date Expressed in Format CCYYMMDD									
REQUIRED	HI11 - 4	1251	Date Time Period	X	AN	1/35				
Expression of a date, a time, or range of dates, times or dates and times										
od: 837A1_2300_HI11_C02204_OccurrenceorOccurrenceSpanCodeAssociat edDate										
UB-92 Reference [UB-92 Name]:										
32 (a-b), "DATE" field [Occurrence Codes and Dates]										
33 (a-b), "DATE" field [Occurrence Codes and Dates]										
34 (a-b), "DATE" field [Occurrence Codes and Dates]										
35 (a-b), "DATE" field [Occurrence Codes and Dates]										
EMC v.6.0 Reference:										
Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27										
NOT USED	HI11 - 5	782	Monetary Amount	O	R	1/18				
NOT USED	HI11 - 6	380	Quantity	O	R	1/15				
NOT USED	HI11 - 7	799	Version Identifier	O	AN	1/30				
NOT USED	HI11 - 8	1271	Industry Code	X	AN	1/30				
NOT USED	HI11 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1				
SITUATIONAL	HI12	C022	HEALTH CARE CODE INFORMATION	O	1					
To send health care codes and their associated dates, amounts and quantities										
od: 837A1_2300_HI12_C022										
Used when necessary to report multiple additional co-existing conditions.										



<b>REQUIRED</b>	HI12 - 1	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M</b>	<b>ID</b>	<b>1/3</b>
Code identifying a specific industry code list						
OD: 837A1_2300_HI12_C02201_CodeListQualifierCode						

CODE	DEFINITION
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<b>BH</b>	<b>Occurrence</b>
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	

<b>REQUIRED</b>	HI12 - 2	<b>1271</b>	<b>Industry Code</b>	<b>M</b>	<b>AN</b>	<b>1/30</b>
Code indicating a code from a specific industry code list						
OD: 837A1_2300_HI12_C02202_OccurrenceCode						

**UB-92 Reference [UB-92 Name]:****32 (a-b) [Occurrence Codes and Dates]****33 (a-b) [Occurrence Codes and Dates]****34 (a-b) [Occurrence Codes and Dates]****35 (a-b) [Occurrence Codes and Dates]****EMC v.6.0 Reference:****Record Type 40 Field No. 8, 10, 12, 14, 16, 18, 20, 22, 24, 26**

<b>REQUIRED</b>	HI12 - 3	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID</b>	<b>2/3</b>
Code indicating the date format, time format, or date and time format						
OD: 837A1_2300_HI12_C02203_DateTimePeriodFormatQualifier						

CODE	DEFINITION
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<b>D8</b>	<b>Date Expressed in Format CCYYMMDD</b>
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<b>REQUIRED</b>	HI12 - 4	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
Expression of a date, a time, or range of dates, times or dates and times						
OD: 837A1_2300_HI12_C02204_OccurrenceorOccurrenceSpanCodeAssociatedDate						

**UB-92 Reference [UB-92 Name]:****32 (a-b), "DATE" field [Occurrence Codes and Dates]****33 (a-b), "DATE" field [Occurrence Codes and Dates]****34 (a-b), "DATE" field [Occurrence Codes and Dates]****35 (a-b), "DATE" field [Occurrence Codes and Dates]****EMC v.6.0 Reference:****Record Type 40 Field No. 9, 11, 13, 15, 17, 19, 21, 23, 25, 27**

<b>NOT USED</b>	HI12 - 5	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	HI12 - 6	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	HI12 - 7	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	HI12 - 8	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	HI12 - 9	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>

## IMPLEMENTATION

## VALUE INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1\_2300\_HI

Notes: 1. Required when value information applies to the claim or encounter.

2. Value Code 54 is required on claims for newborn delivery services to report newborn birthweight when authorized by state or federal law or regulations. This replaces the function of PAT07 and PAT08 in Loop ID 2010BA & 2000C.

Example: HI\*BE:08:::1740~

## STANDARD

## HI Health Care Information Codes

Level: Detail

Position: 2310

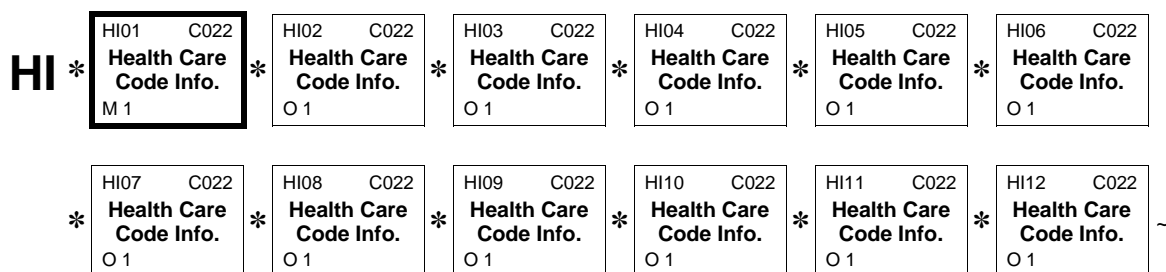
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION	M 1
To send health care codes and their associated dates, amounts and quantities				
OD: 837A1_2300_HI01_C022				

REQUIRED	HI01 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI01_C02201_CodeListQualifierCode						
		CODE	DEFINITION			
		BE	Value			
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes						
REQUIRED	HI01 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
od: 837A1_2300_HI01_C02202_ValueCode						
UB-92 Reference [UB-92 Name]:						
39 (a-d) [Value Codes and Amounts]						
40 (a-d) [Value Codes and Amounts]						
41 (a-d) [Value Codes and Amounts]						
EMC v.6.0 Reference:						
Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39						
NOT USED	HI01 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI01 - 4	1251	Date Time Period	X	AN	1/35
REQUIRED	HI01 - 5	782	Monetary Amount	O	R	1/18
Monetary amount						
od: 837A1_2300_HI01_C02205_ValueCodeAssociatedAmount						
This data element must contain the Value Code Amount when HIxx-1 value equals BE (Value Code).						
NOT USED	HI01 - 6	380	Quantity	O	R	1/15
NOT USED	HI01 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI01 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI01 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI02	C022	HEALTH CARE CODE INFORMATION	O	1	
To send health care codes and their associated dates, amounts and quantities						
od: 837A1_2300_HI02_C022						
Used when necessary to report multiple additional co-existing conditions.						
REQUIRED	HI02 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI02_C02201_CodeListQualifierCode						
		CODE	DEFINITION			
		BE	Value			
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes						

REQUIRED	HI02 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI02_C02202_ValueCode <b>UB-92 Reference [UB-92 Name]:</b> 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts] 41 (a-d) [Value Codes and Amounts]  <b>EMC v.6.0 Reference:</b> Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39	M	AN	1/30
NOT USED	HI02 - 3	1250	<b>Date Time Period Format Qualifier</b>	X	ID	2/3
NOT USED	HI02 - 4	1251	<b>Date Time Period</b>	X	AN	1/35
REQUIRED	HI02 - 5	782	<b>Monetary Amount</b> Monetary amount  od: 837A1_2300_HI02_C02205_ValueCodeAssociatedAmount <b>This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).</b>	O	R	1/18
NOT USED	HI02 - 6	380	<b>Quantity</b>	O	R	1/15
NOT USED	HI02 - 7	799	<b>Version Identifier</b>	O	AN	1/30
NOT USED	HI02 - 8	1271	<b>Industry Code</b>	X	AN	1/30
NOT USED	HI02 - 9	1073	<b>Yes/No Condition or Response Code</b>	X	ID	1/1
SITUATIONAL	HI03	C022	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI03_C022 <b>Used when necessary to report multiple additional co-existing conditions.</b>	O	1	
REQUIRED	HI03 - 1	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI03_C02201_CodeListQualifierCode	M	ID	1/3
		CODE	DEFINITION			
		BE	Value  CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes			
REQUIRED	HI03 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI03_C02202_ValueCode <b>UB-92 Reference [UB-92 Name]:</b> 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts] 41 (a-d) [Value Codes and Amounts]	M	AN	1/30

## EMC v.6.0 Reference:

Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25,  
26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

NOT USED	HI03 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI03 - 4	1251	Date Time Period	X	AN	1/35
REQUIRED	HI03 - 5	782	Monetary Amount Monetary amount	O	R	1/18

od: 837A1\_2300\_HI03\_C02205\_ValueCodeAssociatedAmount

This data element must contain the Value Code Amount  
when Hlxx-1 value equals BE (Value Code).

NOT USED	HI03 - 6	380	Quantity	O	R	1/15
NOT USED	HI03 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI03 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI03 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

SITUATIONAL	HI04	C022	HEALTH CARE CODE INFORMATION	O	1	
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To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI04\_C022

Used when necessary to report multiple additional co-existing  
conditions.

REQUIRED	HI04 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
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od: 837A1\_2300\_HI04\_C02201\_CodeListQualifierCode

CODE DEFINITION

BE	Value
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CODE SOURCE 132: National Uniform Billing Committee (NUBC)  
Codes

REQUIRED	HI04 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30
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od: 837A1\_2300\_HI04\_C02202\_ValueCode

## UB-92 Reference [UB-92 Name]:

39 (a-d) [Value Codes and Amounts]

40 (a-d) [Value Codes and Amounts]

41 (a-d) [Value Codes and Amounts]

## EMC v.6.0 Reference:

Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25,  
26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

NOT USED	HI04 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI04 - 4	1251	Date Time Period	X	AN	1/35

<b>REQUIRED</b>	<b>HI04 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
			Monetary amount			

od: 837A1\_2300\_HI04\_C02205\_ValueCodeAssociatedAmount

**This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).**

<b>NOT USED</b>	<b>HI04 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
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<b>NOT USED</b>	<b>HI04 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
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<b>NOT USED</b>	<b>HI04 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
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<b>NOT USED</b>	<b>HI04 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>
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<b>SITUATIONAL</b>	<b>HI05</b>	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b>	<b>O 1</b>		
			To send health care codes and their associated dates, amounts and quantities			

od: 837A1\_2300\_HI05\_C022

**Used when necessary to report multiple additional co-existing conditions.**

<b>REQUIRED</b>	<b>HI05 - 1</b>	<b>1270</b>	<b>Code List Qualifier Code</b>	<b>M</b>	<b>ID</b>	<b>1/3</b>
			Code identifying a specific industry code list			

od: 837A1\_2300\_HI05\_C02201\_CodeListQualifierCode

CODE	DEFINITION
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<b>BE</b>	<b>Value</b>
	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

<b>REQUIRED</b>	<b>HI05 - 2</b>	<b>1271</b>	<b>Industry Code</b>	<b>M</b>	<b>AN</b>	<b>1/30</b>
			Code indicating a code from a specific industry code list			

od: 837A1\_2300\_HI05\_C02202\_ValueCode

**UB-92 Reference [UB-92 Name]:****39 (a-d) [Value Codes and Amounts]****40 (a-d) [Value Codes and Amounts]****41 (a-d) [Value Codes and Amounts]****EMC v.6.0 Reference:**

**Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39**

<b>NOT USED</b>	<b>HI05 - 3</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID</b>	<b>2/3</b>
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<b>NOT USED</b>	<b>HI05 - 4</b>	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
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<b>REQUIRED</b>	<b>HI05 - 5</b>	<b>782</b>	<b>Monetary Amount</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
			Monetary amount			

od: 837A1\_2300\_HI05\_C02205\_ValueCodeAssociatedAmount

**This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).**

<b>NOT USED</b>	<b>HI05 - 6</b>	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
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<b>NOT USED</b>	<b>HI05 - 7</b>	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
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<b>NOT USED</b>	<b>HI05 - 8</b>	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
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<b>NOT USED</b>	<b>HI05 - 9</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>
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SITUATIONAL	HI06	C022	HEALTH CARE CODE INFORMATION			O 1						
To send health care codes and their associated dates, amounts and quantities												
od: 837A1_2300_HI06_C022												
Used when necessary to report multiple additional co-existing conditions.												
REQUIRED	HI06 - 1	1270	Code List Qualifier Code	M	ID	1/3						
Code identifying a specific industry code list												
od: 837A1_2300_HI06_C02201_CodeListQualifierCode												
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BE</td><td>Value</td></tr><tr><td colspan="2">CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes</td></tr></table>							CODE	DEFINITION	BE	Value	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	
CODE	DEFINITION											
BE	Value											
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes												
REQUIRED	HI06 - 2	1271	Industry Code	M	AN	1/30						
Code indicating a code from a specific industry code list												
od: 837A1_2300_HI06_C02202_ValueCode												
UB-92 Reference [UB-92 Name]:												
39 (a-d) [Value Codes and Amounts]												
40 (a-d) [Value Codes and Amounts]												
41 (a-d) [Value Codes and Amounts]												
EMC v.6.0 Reference:												
Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39												
NOT USED	HI06 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3						
NOT USED	HI06 - 4	1251	Date Time Period	X	AN	1/35						
REQUIRED	HI06 - 5	782	Monetary Amount	O	R	1/18						
Monetary amount												
od: 837A1_2300_HI06_C02205_ValueCodeAssociatedAmount												
This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).												
NOT USED	HI06 - 6	380	Quantity	O	R	1/15						
NOT USED	HI06 - 7	799	Version Identifier	O	AN	1/30						
NOT USED	HI06 - 8	1271	Industry Code	X	AN	1/30						
NOT USED	HI06 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1						
SITUATIONAL	HI07	C022	HEALTH CARE CODE INFORMATION			O 1						
To send health care codes and their associated dates, amounts and quantities												
od: 837A1_2300_HI07_C022												
Used when necessary to report multiple additional co-existing conditions.												

REQUIRED	HI07 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI07_C02201_CodeListQualifierCode						
		CODE	DEFINITION			
		BE	Value			
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes						
REQUIRED	HI07 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						
od: 837A1_2300_HI07_C02202_ValueCode						
UB-92 Reference [UB-92 Name]:						
39 (a-d) [Value Codes and Amounts]						
40 (a-d) [Value Codes and Amounts]						
41 (a-d) [Value Codes and Amounts]						
EMC v.6.0 Reference:						
Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39						
NOT USED	HI07 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI07 - 4	1251	Date Time Period	X	AN	1/35
REQUIRED	HI07 - 5	782	Monetary Amount	O	R	1/18
Monetary amount						
od: 837A1_2300_HI07_C02205_ValueCodeAssociatedAmount						
This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).						
NOT USED	HI07 - 6	380	Quantity	O	R	1/15
NOT USED	HI07 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI07 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI07 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI08	C022	HEALTH CARE CODE INFORMATION	O	1	
To send health care codes and their associated dates, amounts and quantities						
od: 837A1_2300_HI08_C022						
Used when necessary to report multiple additional co-existing conditions.						
REQUIRED	HI08 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI08_C02201_CodeListQualifierCode						
		CODE	DEFINITION			
		BE	Value			
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes						



REQUIRED	HI08 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI08_C02202_ValueCode <b>UB-92 Reference [UB-92 Name]:</b> 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts] 41 (a-d) [Value Codes and Amounts]  <b>EMC v.6.0 Reference:</b> Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39	M	AN	1/30
NOT USED	HI08 - 3	1250	<b>Date Time Period Format Qualifier</b>	X	ID	2/3
NOT USED	HI08 - 4	1251	<b>Date Time Period</b>	X	AN	1/35
REQUIRED	HI08 - 5	782	<b>Monetary Amount</b> Monetary amount  od: 837A1_2300_HI08_C02205_ValueCodeAssociatedAmount <b>This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).</b>	O	R	1/18
NOT USED	HI08 - 6	380	<b>Quantity</b>	O	R	1/15
NOT USED	HI08 - 7	799	<b>Version Identifier</b>	O	AN	1/30
NOT USED	HI08 - 8	1271	<b>Industry Code</b>	X	AN	1/30
NOT USED	HI08 - 9	1073	<b>Yes/No Condition or Response Code</b>	X	ID	1/1
SITUATIONAL	HI09	C022	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI09_C022 <b>Used when necessary to report multiple additional co-existing conditions.</b>	O	1	
REQUIRED	HI09 - 1	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI09_C02201_CodeListQualifierCode	M	ID	1/3
		CODE	DEFINITION			
		BE	Value  CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes			
REQUIRED	HI09 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI09_C02202_ValueCode <b>UB-92 Reference [UB-92 Name]:</b> 39 (a-d) [Value Codes and Amounts] 40 (a-d) [Value Codes and Amounts] 41 (a-d) [Value Codes and Amounts]	M	AN	1/30

## EMC v.6.0 Reference:

Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25,  
26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

NOT USED	HI09 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI09 - 4	1251	Date Time Period	X	AN	1/35
REQUIRED	HI09 - 5	782	Monetary Amount Monetary amount	O	R	1/18

od: 837A1\_2300\_HI09\_C02205\_ValueCodeAssociatedAmount

This data element must contain the Value Code Amount  
when Hlxx-1 value equals BE (Value Code).

NOT USED	HI09 - 6	380	Quantity	O	R	1/15
NOT USED	HI09 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI09 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI09 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI10	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI10\_C022

Used when necessary to report multiple additional co-existing  
conditions.

REQUIRED	HI10 - 1	1270	Code List Qualifier Code Code identifying a specific industry code list	M	ID	1/3
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od: 837A1\_2300\_HI10\_C02201\_CodeListQualifierCode

CODE DEFINITION

BE	Value
	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes

REQUIRED	HI10 - 2	1271	Industry Code Code indicating a code from a specific industry code list	M	AN	1/30
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od: 837A1\_2300\_HI10\_C02202\_ValueCode

## UB-92 Reference [UB-92 Name]:

39 (a-d) [Value Codes and Amounts]

40 (a-d) [Value Codes and Amounts]

41 (a-d) [Value Codes and Amounts]

## EMC v.6.0 Reference:

Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25,  
26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39

NOT USED	HI10 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI10 - 4	1251	Date Time Period	X	AN	1/35

<b>REQUIRED</b>	HI10 - 5	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O</b>	<b>R</b>	<b>1/18</b>
od: 837A1_2300_HI10_C02205_ValueCodeAssociatedAmount						
<b>This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).</b>						
<b>NOT USED</b>	HI10 - 6	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	HI10 - 7	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	HI10 - 8	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	HI10 - 9	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>
<b>SITUATIONAL</b>	HI11	<b>C022</b>	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities	<b>O</b>	<b>1</b>	
od: 837A1_2300_HI11_C022						
<b>Used when necessary to report multiple additional co-existing conditions.</b>						
<b>REQUIRED</b>	HI11 - 1	<b>1270</b>	<b>Code List Qualifier Code</b> Code identifying a specific industry code list	<b>M</b>	<b>ID</b>	<b>1/3</b>
od: 837A1_2300_HI11_C02201_CodeListQualifierCode						
		CODE		DEFINITION		
		<b>BE</b>		<b>Value</b>		
				CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes		
<b>REQUIRED</b>	HI11 - 2	<b>1271</b>	<b>Industry Code</b> Code indicating a code from a specific industry code list	<b>M</b>	<b>AN</b>	<b>1/30</b>
od: 837A1_2300_HI11_C02202_ValueCode						
<b>UB-92 Reference [UB-92 Name]:</b>						
<b>39 (a-d) [Value Codes and Amounts]</b>						
<b>40 (a-d) [Value Codes and Amounts]</b>						
<b>41 (a-d) [Value Codes and Amounts]</b>						
<b>EMC v.6.0 Reference:</b>						
<b>Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39</b>						
<b>NOT USED</b>	HI11 - 3	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>X</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	HI11 - 4	<b>1251</b>	<b>Date Time Period</b>	<b>X</b>	<b>AN</b>	<b>1/35</b>
<b>REQUIRED</b>	HI11 - 5	<b>782</b>	<b>Monetary Amount</b> Monetary amount	<b>O</b>	<b>R</b>	<b>1/18</b>
od: 837A1_2300_HI11_C02205_ValueCodeAssociatedAmount						
<b>This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).</b>						
<b>NOT USED</b>	HI11 - 6	<b>380</b>	<b>Quantity</b>	<b>O</b>	<b>R</b>	<b>1/15</b>
<b>NOT USED</b>	HI11 - 7	<b>799</b>	<b>Version Identifier</b>	<b>O</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	HI11 - 8	<b>1271</b>	<b>Industry Code</b>	<b>X</b>	<b>AN</b>	<b>1/30</b>
<b>NOT USED</b>	HI11 - 9	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>X</b>	<b>ID</b>	<b>1/1</b>

SITUATIONAL	HI12	C022	HEALTH CARE CODE INFORMATION		O 1						
To send health care codes and their associated dates, amounts and quantities											
od: 837A1_2300_HI12_C022											
Used when necessary to report multiple additional co-existing conditions.											
REQUIRED	HI12 - 1	1270	Code List Qualifier Code	M	ID 1/3						
Code identifying a specific industry code list											
od: 837A1_2300_HI12_C02201_CodeListQualifierCode											
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BE</td><td>Value</td></tr><tr><td colspan="2">CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes</td></tr></table>						CODE	DEFINITION	BE	Value	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	
CODE	DEFINITION										
BE	Value										
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes											
REQUIRED	HI12 - 2	1271	Industry Code	M	AN 1/30						
Code indicating a code from a specific industry code list											
od: 837A1_2300_HI12_C02202_ValueCode											
UB-92 Reference [UB-92 Name]:											
39 (a-d) [Value Codes and Amounts]											
40 (a-d) [Value Codes and Amounts]											
41 (a-d) [Value Codes and Amounts]											
EMC v.6.0 Reference:											
Record Type 41 Field No. 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 35, 37, 38, 39											
NOT USED	HI12 - 3	1250	Date Time Period Format Qualifier	X	ID 2/3						
NOT USED	HI12 - 4	1251	Date Time Period	X	AN 1/35						
REQUIRED	HI12 - 5	782	Monetary Amount	O	R 1/18						
Monetary amount											
od: 837A1_2300_HI12_C02205_ValueCodeAssociatedAmount											
This data element must contain the Value Code Amount when Hlxx-1 value equals BE (Value Code).											
NOT USED	HI12 - 6	380	Quantity	O	R 1/15						
NOT USED	HI12 - 7	799	Version Identifier	O	AN 1/30						
NOT USED	HI12 - 8	1271	Industry Code	X	AN 1/30						
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code	X	ID 1/1						

## IMPLEMENTATION

## CONDITION INFORMATION

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1\_2300\_HI

Notes: 1. Required when condition information applies to the claim or encounter.

Example: HI\*BG:67~

## STANDARD

## HI Health Care Information Codes

Level: Detail

Position: 2310

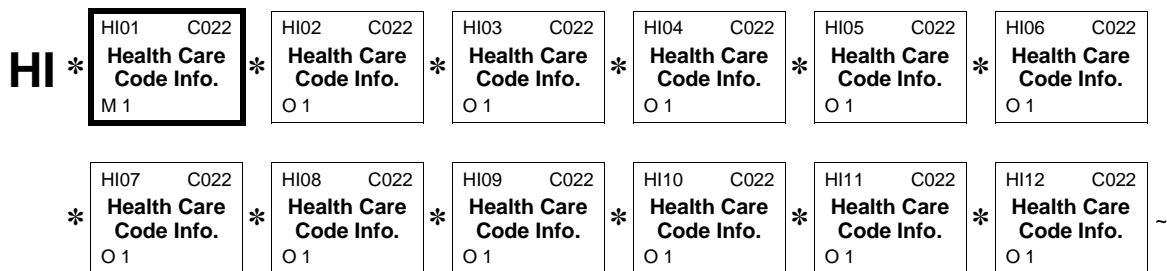
Loop: 2300

Requirement: Optional

Max Use: 25

Purpose: To supply information related to the delivery of health care

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	HI01	C022	HEALTH CARE CODE INFORMATION	M 1		
To send health care codes and their associated dates, amounts and quantities						
od: 837A1_2300_HI01_C022						
REQUIRED	HI01 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI01_C02201_CodeListQualifierCode						
		CODE	DEFINITION			
		BG	Condition			
		CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes				
		CODE SOURCE 641: Condition Code List				

<b>REQUIRED</b>	HI01 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI01_C02202_ConditionCode <b>UB-92 Reference [UB-92 Name]:</b> 24 [Condition Codes] 25 [Condition Codes] 26 [Condition Codes] 27 [Condition Codes] 28 [Condition Codes] 29 [Condition Codes] 30 [Condition Codes]  <b>EMC v.6.0 Reference:</b> Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13	M	AN	1/30
<b>NOT USED</b>	HI01 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
<b>NOT USED</b>	HI01 - 4	1251	Date Time Period	X	AN	1/35
<b>NOT USED</b>	HI01 - 5	782	Monetary Amount	O	R	1/18
<b>NOT USED</b>	HI01 - 6	380	Quantity	O	R	1/15
<b>NOT USED</b>	HI01 - 7	799	Version Identifier	O	AN	1/30
<b>NOT USED</b>	HI01 - 8	1271	Industry Code	X	AN	1/30
<b>NOT USED</b>	HI01 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
<b>SITUATIONAL</b>	HI02	C022	<b>HEALTH CARE CODE INFORMATION</b> To send health care codes and their associated dates, amounts and quantities  od: 837A1_2300_HI02_C022	O	1	

**Used when necessary to report multiple additional co-existing conditions.**

<b>REQUIRED</b>	HI02 - 1	1270	<b>Code List Qualifier Code</b> Code identifying a specific industry code list  od: 837A1_2300_HI02_C02201_CodeListQualifierCode	M	ID	1/3
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CODE	DEFINITION
<b>BG</b>	<b>Condition</b>  CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes CODE SOURCE 641: Condition Code List

<b>REQUIRED</b>	HI02 - 2	1271	<b>Industry Code</b> Code indicating a code from a specific industry code list  od: 837A1_2300_HI02_C02202_ConditionCode <b>UB-92 Reference [UB-92 Name]:</b> 24 [Condition Codes] 25 [Condition Codes] 26 [Condition Codes] 27 [Condition Codes] 28 [Condition Codes]	M	AN	1/30
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			29 [Condition Codes]											
			30 [Condition Codes]											
			EMC v.6.0 Reference:											
			Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13											
NOT USED	HI02 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3								
NOT USED	HI02 - 4	1251	Date Time Period	X	AN	1/35								
NOT USED	HI02 - 5	782	Monetary Amount	O	R	1/18								
NOT USED	HI02 - 6	380	Quantity	O	R	1/15								
NOT USED	HI02 - 7	799	Version Identifier	O	AN	1/30								
NOT USED	HI02 - 8	1271	Industry Code	X	AN	1/30								
NOT USED	HI02 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1								
SITUATIONAL	HI03	C022	HEALTH CARE CODE INFORMATION O 1											
To send health care codes and their associated dates, amounts and quantities														
od: 837A1_2300_HI03_C022														
Used when necessary to report multiple additional co-existing conditions.														
REQUIRED	HI03 - 1	1270	Code List Qualifier Code	M	ID	1/3								
Code identifying a specific industry code list														
od: 837A1_2300_HI03_C02201_CodeListQualifierCode														
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>BG</td><td>Condition</td></tr><tr><td colspan="2">CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes</td></tr><tr><td colspan="2">CODE SOURCE 641: Condition Code List</td></tr></table>							CODE	DEFINITION	BG	Condition	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes		CODE SOURCE 641: Condition Code List	
CODE	DEFINITION													
BG	Condition													
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes														
CODE SOURCE 641: Condition Code List														
REQUIRED	HI03 - 2	1271	Industry Code	M	AN	1/30								
Code indicating a code from a specific industry code list														
od: 837A1_2300_HI03_C02202_ConditionCode														
UB-92 Reference [UB-92 Name]:														
24 [Condition Codes]														
25 [Condition Codes]														
26 [Condition Codes]														
27 [Condition Codes]														
28 [Condition Codes]														
29 [Condition Codes]														
30 [Condition Codes]														
EMC v.6.0 Reference:														
Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13														
NOT USED	HI03 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3								
NOT USED	HI03 - 4	1251	Date Time Period	X	AN	1/35								
NOT USED	HI03 - 5	782	Monetary Amount	O	R	1/18								
NOT USED	HI03 - 6	380	Quantity	O	R	1/15								

NOT USED	HI03 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI03 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI03 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI04	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI04\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI04 - 1	1270	Code List Qualifier Code	M	ID	1/3
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Code identifying a specific industry code list

od: 837A1\_2300\_HI04\_C02201\_CodeListQualifierCode

CODE	DEFINITION
BG	Condition
	CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes
	CODE SOURCE 641: Condition Code List

REQUIRED	HI04 - 2	1271	Industry Code	M	AN	1/30
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Code indicating a code from a specific industry code list

od: 837A1\_2300\_HI04\_C02202\_ConditionCode

UB-92 Reference [UB-92 Name]:

24 [Condition Codes]  
25 [Condition Codes]  
26 [Condition Codes]  
27 [Condition Codes]  
28 [Condition Codes]  
29 [Condition Codes]  
30 [Condition Codes]

EMC v.6.0 Reference:

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	HI04 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI04 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI04 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI04 - 6	380	Quantity	O	R	1/15
NOT USED	HI04 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI04 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI04 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI05	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI05\_C022

Used when necessary to report multiple additional co-existing conditions.



193

Code indicating a code from a specific industry code list

od: 837A1\_2300\_HI06\_C02202\_ConditionCode

UB-92 Reference [UB-92 Name]:

24 [Condition Codes]

25 [Condition Codes]

26 [Condition Codes]

27 [Condition Codes]

28 [Condition Codes]

29 [Condition Codes]

30 [Condition Codes]

EMC v.6.0 Reference:

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	HI06 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI06 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI06 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI06 - 6	380	Quantity	O	R	1/15
NOT USED	HI06 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI06 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI06 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI07	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI07\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI07 - 1	1270	Code List Qualifier Code	M	ID	1/3
Code identifying a specific industry code list						
od: 837A1_2300_HI07_C02201_CodeListQualifierCode						

CODE DEFINITION

**BG** ConditionCODE SOURCE 132: National Uniform Billing Committee (NUBC)  
Codes

CODE SOURCE 641: Condition Code List

REQUIRED	HI07 - 2	1271	Industry Code	M	AN	1/30
Code indicating a code from a specific industry code list						

od: 837A1\_2300\_HI07\_C02202\_ConditionCode

UB-92 Reference [UB-92 Name]:

24 [Condition Codes]

25 [Condition Codes]

26 [Condition Codes]

27 [Condition Codes]

28 [Condition Codes]

29 [Condition Codes]

**30 [Condition Codes]**

EMC v.6.0 Reference:

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	HI07 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI07 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI07 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI07 - 6	380	Quantity	O	R	1/15
NOT USED	HI07 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI07 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI07 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI08	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI08\_C022

**Used when necessary to report multiple additional co-existing conditions.**

REQUIRED	HI08 - 1	1270	Code List Qualifier Code	M	ID	1/3
			Code identifying a specific industry code list			
			od: 837A1_2300_HI08_C02201_CodeListQualifierCode			

CODE DEFINITION

**BG Condition**CODE SOURCE 132: National Uniform Billing Committee (NUBC)  
Codes

CODE SOURCE 641: Condition Code List

REQUIRED	HI08 - 2	1271	Industry Code	M	AN	1/30
			Code indicating a code from a specific industry code list			
			od: 837A1_2300_HI08_C02202_ConditionCode			

**UB-92 Reference [UB-92 Name]:****24 [Condition Codes]****25 [Condition Codes]****26 [Condition Codes]****27 [Condition Codes]****28 [Condition Codes]****29 [Condition Codes]****30 [Condition Codes]**

EMC v.6.0 Reference:

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	HI08 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI08 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI08 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI08 - 6	380	Quantity	O	R	1/15

NOT USED	HI08 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI08 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI08 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI09	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI09\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED	HI09 - 1	1270	Code List Qualifier Code	M	ID	1/3
			Code identifying a specific industry code list			
od: 837A1_2300_HI09_C02201_CodeListQualifierCode						

CODE	DEFINITION
BG	Condition
CODE SOURCE 132: National Uniform Billing Committee (NUBC) Codes	
CODE SOURCE 641: Condition Code List	

REQUIRED	HI09 - 2	1271	Industry Code	M	AN	1/30
			Code indicating a code from a specific industry code list			
od: 837A1_2300_HI09_C02202_ConditionCode						

## UB-92 Reference [UB-92 Name]:

24 [Condition Codes]  
25 [Condition Codes]  
26 [Condition Codes]  
27 [Condition Codes]  
28 [Condition Codes]  
29 [Condition Codes]  
30 [Condition Codes]

## EMC v.6.0 Reference:

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	HI09 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI09 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI09 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI09 - 6	380	Quantity	O	R	1/15
NOT USED	HI09 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI09 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI09 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI10	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI10\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED HI10 - 1

**1270 Code List Qualifier Code** M ID 1/3  
Code identifying a specific industry code list

OD: 837A1\_2300\_HI10\_C02201\_CodeListQualifierCode

CODE	DEFINITION
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**BG Condition**

CODE SOURCE 132: National Uniform Billing Committee (NUBC)  
Codes

CODE SOURCE 641: Condition Code List

REQUIRED HI10 - 2

**1271 Industry Code** M AN 1/30  
Code indicating a code from a specific industry code list

OD: 837A1\_2300\_HI10\_C02202\_ConditionCode

**UB-92 Reference [UB-92 Name]:**

24 [Condition Codes]

25 [Condition Codes]

26 [Condition Codes]

27 [Condition Codes]

28 [Condition Codes]

29 [Condition Codes]

30 [Condition Codes]

**EMC v.6.0 Reference:**

**Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13**

NOT USED HI10 - 3

**1250 Date Time Period Format Qualifier** X ID 2/3

NOT USED HI10 - 4

**1251 Date Time Period** X AN 1/35

NOT USED HI10 - 5

**782 Monetary Amount** O R 1/18

NOT USED HI10 - 6

**380 Quantity** O R 1/15

NOT USED HI10 - 7

**799 Version Identifier** O AN 1/30

NOT USED HI10 - 8

**1271 Industry Code** X AN 1/30

NOT USED HI10 - 9

**1073 Yes/No Condition or Response Code** X ID 1/1

SITUATIONAL HI11 C022

**HEALTH CARE CODE INFORMATION** O 1

To send health care codes and their associated dates, amounts and quantities

OD: 837A1\_2300\_HI11\_C022

Used when necessary to report multiple additional co-existing conditions.

REQUIRED HI11 - 1

**1270 Code List Qualifier Code** M ID 1/3  
Code identifying a specific industry code list

OD: 837A1\_2300\_HI11\_C02201\_CodeListQualifierCode

CODE	DEFINITION
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**BG Condition**

CODE SOURCE 132: National Uniform Billing Committee (NUBC)  
Codes

CODE SOURCE 641: Condition Code List

REQUIRED	HI11 - 2	1271	Industry Code	M	AN	1/30
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Code indicating a code from a specific industry code list

od: 837A1\_2300\_HI11\_C02202\_ConditionCode

**UB-92 Reference [UB-92 Name]:**

24 [Condition Codes]

25 [Condition Codes]

26 [Condition Codes]

27 [Condition Codes]

28 [Condition Codes]

29 [Condition Codes]

30 [Condition Codes]

**EMC v.6.0 Reference:**

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	HI11 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI11 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI11 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI11 - 6	380	Quantity	O	R	1/15
NOT USED	HI11 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI11 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI11 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1
SITUATIONAL	HI12	C022	HEALTH CARE CODE INFORMATION	O	1	

To send health care codes and their associated dates, amounts and quantities

od: 837A1\_2300\_HI12\_C022

**Used when necessary to report multiple additional co-existing conditions.**

REQUIRED	HI12 - 1	1270	Code List Qualifier Code	M	ID	1/3
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Code identifying a specific industry code list

od: 837A1\_2300\_HI12\_C02201\_CodeListQualifierCode

CODE	DEFINITION
------	------------

**BG** **Condition**CODE SOURCE 132: National Uniform Billing Committee (NUBC)  
Codes

CODE SOURCE 641: Condition Code List

REQUIRED	HI12 - 2	1271	Industry Code	M	AN	1/30
----------	----------	------	---------------	---	----	------

Code indicating a code from a specific industry code list

od: 837A1\_2300\_HI12\_C02202\_ConditionCode

**UB-92 Reference [UB-92 Name]:**

24 [Condition Codes]

25 [Condition Codes]

26 [Condition Codes]

27 [Condition Codes]

28 [Condition Codes]

29 [Condition Codes]

30 [Condition Codes]

EMC v.6.0 Reference:

Record Type 41 Field No. 4, 5, 6, 7, 8, 9, 10, 11, 12, 13

NOT USED	HI12 - 3	1250	Date Time Period Format Qualifier	X	ID	2/3
NOT USED	HI12 - 4	1251	Date Time Period	X	AN	1/35
NOT USED	HI12 - 5	782	Monetary Amount	O	R	1/18
NOT USED	HI12 - 6	380	Quantity	O	R	1/15
NOT USED	HI12 - 7	799	Version Identifier	O	AN	1/30
NOT USED	HI12 - 8	1271	Industry Code	X	AN	1/30
NOT USED	HI12 - 9	1073	Yes/No Condition or Response Code	X	ID	1/1

## IMPLEMENTATION

## CLAIM QUANTITY

Loop: 2300 — CLAIM INFORMATION

Usage: SITUATIONAL

Repeat: 4

Segment OD: 837A1\_2300\_QTY

- Notes: 1. Use the Quantity segment at the claim level Loop ID-2300 to transmit quantities that apply to the entire claim.
2. Required on Inpatient claims or encounters when covered, co-insured, life-time reserved or non-covered days are being reported.

Example: QTY\*LA\*20\*DA~

## STANDARD

## QTY Quantity

Level: Detail

Position: 2400

Loop: 2300

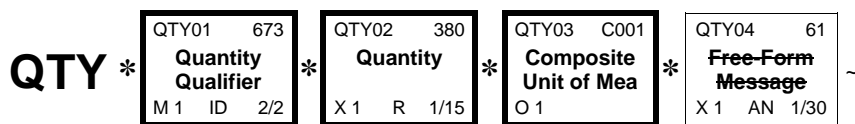
Requirement: Optional

Max Use: 10

Purpose: To specify quantity information

- Syntax: 1. **R0204**  
At least one of QTY02 or QTY04 is required.
2. **E0204**  
Only one of QTY02 or QTY04 may be present.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
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REQUIRED	QTY01	673	Quantity Qualifier Code specifying the type of quantity  od: 837A1_2300_QTY01__QuantityQualifier			
			CODE	DEFINITION		
			CA	Covered - Actual UB-92 Reference [UB-92 Name]: 7 [Covered Days] EMC v.6.0 Reference: Record Type 30 Field No. 20 (Sequence 01-03)		
			NA	Number of Non-covered Days UB-92 Reference [UB-92 Name]: 8 [Non-Covered Days] EMC v.6.0 Reference: Record Type 30 Field No. 21		
REQUIRED	QTY02	380	Quantity Numeric value of quantity  od: 837A1_2300_QTY02__ClaimDaysCount  SYNTAX: R0204, E0204	X	R	1/15
REQUIRED	QTY03	C001	COMPOSITE UNIT OF MEASURE To identify a composite unit of measure  od: 837A1_2300_QTY03_C001	O	1	
REQUIRED	QTY03 - 1	355	Unit or Basis for Measurement Code Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken  od: 837A1_2300_QTY03_C00101_UnitorBasisforMeasurementCode	M	ID	2/2
			CODE	DEFINITION		
			DA	Days		
NOT USED	QTY03 - 2	1018	Exponent	O	R	1/15
NOT USED	QTY03 - 3	649	Multiplier	O	R	1/10
NOT USED	QTY03 - 4	355	Unit or Basis for Measurement Code	O	ID	2/2
NOT USED	QTY03 - 5	1018	Exponent	O	R	1/15
NOT USED	QTY03 - 6	649	Multiplier	O	R	1/10
NOT USED	QTY03 - 7	355	Unit or Basis for Measurement Code	O	ID	2/2
NOT USED	QTY03 - 8	1018	Exponent	O	R	1/15
NOT USED	QTY03 - 9	649	Multiplier	O	R	1/10
NOT USED	QTY03 - 10	355	Unit or Basis for Measurement Code	O	ID	2/2
NOT USED	QTY03 - 11	1018	Exponent	O	R	1/15
NOT USED	QTY03 - 12	649	Multiplier	O	R	1/10
NOT USED	QTY03 - 13	355	Unit or Basis for Measurement Code	O	ID	2/2
NOT USED	QTY03 - 14	1018	Exponent	O	R	1/15
NOT USED	QTY03 - 15	649	Multiplier	O	R	1/10
NOT USED	QTY04	61	Free-Form Message	X 1	AN	1/30

IMPLEMENTATION

## ATTENDING PHYSICIAN NAME

Loop: 2310A — ATTENDING PHYSICIAN NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1\_2310A

Segment OD: 837A1\_2310A\_NM1

- Notes:
1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
  2. Because the usage of this segment is “Situational” this is not a syntactically required loop. If this loop is used, then this segment is a “Required” segment. See Appendix A for further details on ASC X12 nomenclature.
  3. Required on all inpatient claims or encounters.
  4. Required to indicate the Primary Physician responsible on a Home Health Agency Plan of Treatment.
  5. Only the Attending Physician license number is necessary. The name will be ignored if not otherwise required.

Example: NM1\*71\*1\*JONES\*JOHN\*\*\*\*\*XX\*12345678~

STANDARD

## NM1 Individual or Organizational Name

Level: Detail

Position: 2500

Loop: 2310 Repeat: 9

Requirement: Optional

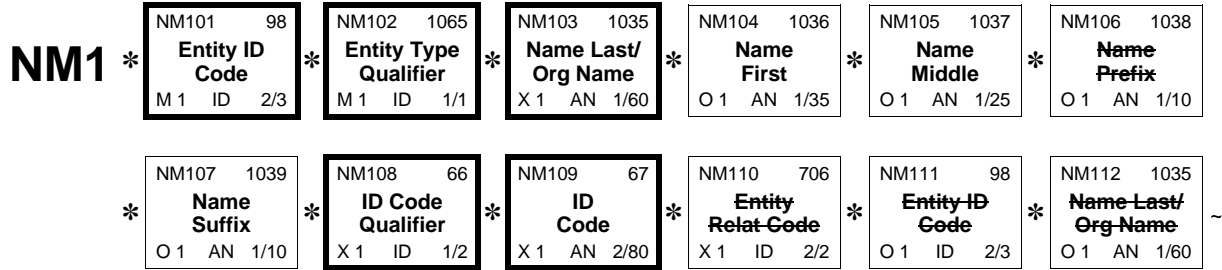
Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2310 contains information about the rendering, referring, or attending provider.

- Syntax:
1. **P0809**  
If either NM108 or NM109 is present, then the other is required.
  2. **C1110**  
If NM111 is present, then NM110 is required.
  3. **C1203**  
If NM112 is present, then NM103 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual  OD: 837A1_2310A_NM101__EntityIdentifierCode  The entity identifier in NM101 applies to all segments in Loop ID-2310.	M ID 2/3
			CODE	DEFINITION
			71	Attending Physician
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  OD: 837A1_2310A_NM102__EntityTypeQualifier  SEMANTIC: NM102 qualifies NM103.	M ID 1/1
			CODE	DEFINITION
			1	Person
			2	Non-Person Entity
REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  OD: 837A1_2310A_NM103__AttendingPhysicianLastName  SYNTAX: C1203  UB-92 Reference [UB-92 Name]: 82, Line b [Attending Physician ID]  EMC v.6.0 Reference: Record Type 80 Field No. 9, Positions 91-106 (Also maps to Record Type 71 Field No. 20 if you are creating this attachment)  Only the Attending Physician license number is necessary. The name will be ignored if not otherwise required.	X AN 1/60

SITUATIONAL	NM104	1036	Name First Individual first name  od: 837A1_2310A_NM104__AttendingPhysicianFirstName  UB-92 Reference [UB-92 Name]: 82, Line b [Attending Physician ID]  EMC v.6.0 Reference: Record Type 80 Field No. 9, Positions 107-114 (Also maps to EMC v.4.1 Record Type 71 Field No. 21 if you are creating this attachment)  Required if NM102=1 (person).  Only the Attending Physician license number is necessary. The name will be ignored if not otherwise required.	O	AN	1/35								
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial  od: 837A1_2310A_NM105__AttendingPhysicianMiddleName  Required if NM102=1 and the middle name/initial of the person is known.  Only the Attending Physician license number is necessary. The name will be ignored if not otherwise required.	O	AN	1/25								
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10								
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name  od: 837A1_2310A_NM107__AttendingPhysicianNameSuffix  Required if known.  Only the Attending Physician license number is necessary. The name will be ignored if not otherwise required.	O	AN	1/10								
REQUIRED	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)  od: 837A1_2310A_NM108__IdentificationCodeQualifier  SYNTAX: P0809  EMC v.6.0 Reference: Record Type 80 Field No. 4 (The National Registry for Medicare assigns the UPIN to the provider for identification purposes.) <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>SL</td><td>State License Number</td></tr><tr><td>UP</td><td>Unique Physician Identification Number (UPIN) Either the UPIN or the State License Number are required if the National Provider ID is not available.</td></tr><tr><td>XX</td><td>Health Care Financing Administration National Provider Identifier</td></tr></tbody></table>	CODE	DEFINITION	SL	State License Number	UP	Unique Physician Identification Number (UPIN) Either the UPIN or the State License Number are required if the National Provider ID is not available.	XX	Health Care Financing Administration National Provider Identifier	X	ID	1/2
CODE	DEFINITION													
SL	State License Number													
UP	Unique Physician Identification Number (UPIN) Either the UPIN or the State License Number are required if the National Provider ID is not available.													
XX	Health Care Financing Administration National Provider Identifier													

<b>REQUIRED</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code  OD: 837A1_2310A_NM109__AttendingPhysicianPrimaryIdentifier SYNTAX: P0809 <b>UB-92 Reference [UB-92 Name]:</b> <b>82, Line a [Attending Physician ID]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 80 Field No. 5</b>	<b>X</b>	<b>AN</b>	<b>2/80</b>
<b>NOT USED</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X 1</b>	<b>ID</b>	<b>2/2</b>
<b>NOT USED</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O 1</b>	<b>AN</b>	<b>1/60</b>

## IMPLEMENTATION

ATTENDING PHYSICIAN SECONDARY  
IDENTIFICATION

Loop: 2310A — ATTENDING PHYSICIAN NAME

Usage: SITUATIONAL

Repeat: 5

Segment OD: 837A1\_2310A\_REF

Notes: 1. Use this REF only when a second number is necessary to identify the provider. The primary identification must be contained in NM109.

Example: REF\*1G\*A12345~

## STANDARD

## REF Reference Identification

Level: Detail

Position: 2710

Loop: 2310

Requirement: Optional

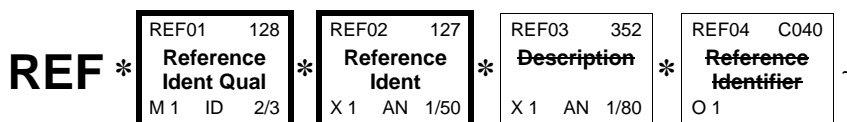
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification  OD: 837A1_2310A_REF01__ReferenceIdentificationQualifier	M	ID	2/3
			CODE	DEFINITION		
			0B	State License Number		
			1G	Provider UPIN Number		

<b>REQUIRED</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  od: 837A1_2310A_REF02__AttendingPhysicianSecondaryIdentifier  SYNTAX: R0203	<b>X</b>	<b>AN</b>	<b>1/50</b>
<b>NOT USED</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X 1</b>	<b>AN</b>	<b>1/80</b>
<b>NOT USED</b>	<b>REF04</b>	<b>C040</b>	<b>REFERENCE IDENTIFIER</b>	<b>O 1</b>		

IMPLEMENTATION

## OPERATING PHYSICIAN NAME

Loop: 2310B — OPERATING PHYSICIAN NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1\_2310B

Segment OD: 837A1\_2310B\_NM1

- Notes:
1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
  2. This segment is required when any surgical procedure code is listed on this claim.
  3. Because the usage of this segment is “Situational” this is not a syntactically required loop. If this loop is used, then this segment is a “Required” segment. See Appendix A for further details on ASC X12 nomenclature.
  4. Only the Operating Physician license number is necessary. The name will be ignored if not otherwise required.

Example: NM1\*72\*1\*MEYERS\*JANE\*\*\*\*XX\*12345678~

STANDARD

## NM1 Individual or Organizational Name

Level: Detail

Position: 2500

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

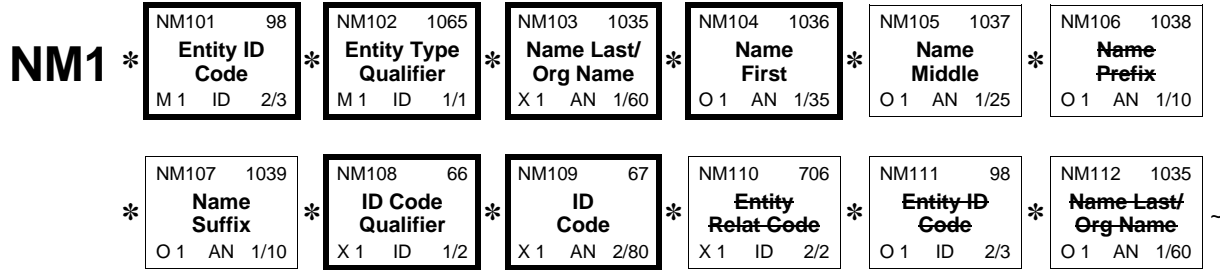
Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2310 contains information about the rendering, referring, or attending provider.

- Syntax:
1. **P0809**  
If either NM108 or NM109 is present, then the other is required.
  2. **C1110**  
If NM111 is present, then NM110 is required.
  3. **C1203**  
If NM112 is present, then NM103 is required.



## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual  od: 837A1_2310B_NM101__EntityIdentifierCode  <b>The entity identifier in NM101 applies to all segments in Loop ID-2310.</b>	M	ID	2/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>72</td><td>Operating Physician</td></tr></table>	CODE	DEFINITION	72	Operating Physician			
CODE	DEFINITION									
72	Operating Physician									
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  od: 837A1_2310B_NM102__EntityTypeQualifier  SEMANTIC: NM102 qualifies NM103.	M	ID	1/1				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Person</td></tr></table>	CODE	DEFINITION	1	Person			
CODE	DEFINITION									
1	Person									
REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  od: 837A1_2310B_NM103__OperatingPhysicianLastName  SYNTAX: C1203  UB-92 Reference [UB-92 Name]: 83A, Line b [Other Physician ID]  EMC v.6.0 Reference: Record Type 80 Field No. 10, Positions 116-131.  Only the Operating Physician license number is necessary. The name will be ignored if not otherwise required.	X	AN	1/60				

REQUIRED	NM104	1036	<div>Name First</div> <div>Individual first name</div> <div>od: 837A1_2310B_NM104__OperatingPhysicianFirstName</div> <div>UB-92 Reference [UB-92 Name]:</div> <div>83A, Line b [Other Physician ID]</div> <div>EMC v.6.0 Reference:</div> <div>Record Type 80 Field No. 10, Position 132-139</div> <div>Only the Operating Physician license number is necessary. The name will be ignored if not otherwise required.</div>	O	AN	1/35								
SITUATIONAL	NM105	1037	<div>Name Middle</div> <div>Individual middle name or initial</div> <div>od: 837A1_2310B_NM105__OperatingPhysicanMiddleName</div> <div>This data element is required when NM102 equals one (1) and the Middle Name or Initial of the person is known by the provider.</div> <div>Only the Operating Physician license number is necessary. The name will be ignored if not otherwise required.</div>	O	AN	1/25								
NOT USED	NM106	1038	<div>Name Prefix</div> <div></div> <div>od: 837A1_2310B_NM107__OperatingPhysicanNameSuffix</div>	O 1	AN	1/10								
SITUATIONAL	NM107	1039	<div>Name Suffix</div> <div>Suffix to individual name</div> <div>od: 837A1_2310B_NM107__OperatingPhysicanNameSuffix</div> <div>Required if known.</div> <div>Only the Operating Physician license number is necessary. The name will be ignored if not otherwise required.</div>	O	AN	1/10								
REQUIRED	NM108	66	<div>Identification Code Qualifier</div> <div>Code designating the system/method of code structure used for Identification Code (67)</div> <div>od: 837A1_2310B_NM108__IdentificationCodeQualifier</div> <div>SYNTAX: P0809</div> <table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>SL</td><td>State License Number</td></tr><tr><td>UP</td><td>Unique Physician Identification Number (UPIN) Either the UPIN or the State License Number are required if the National Provider ID is not available.</td></tr><tr><td>XX</td><td>Health Care Financing Administration National Provider Identifier</td></tr></tbody></table>	CODE	DEFINITION	SL	State License Number	UP	Unique Physician Identification Number (UPIN) Either the UPIN or the State License Number are required if the National Provider ID is not available.	XX	Health Care Financing Administration National Provider Identifier	X	ID	1/2
CODE	DEFINITION													
SL	State License Number													
UP	Unique Physician Identification Number (UPIN) Either the UPIN or the State License Number are required if the National Provider ID is not available.													
XX	Health Care Financing Administration National Provider Identifier													

<b>REQUIRED</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code  OD: 837A1_2310B_NM109__OperatingPhysicianPrimaryIdentifier SYNTAX: P0809 <b>UB-92 Reference [UB-92 Name]:</b> <b>83A, Line a [Other Physician ID]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 80 Field No. 6</b>	<b>X</b>	<b>AN</b>	<b>2/80</b>
<b>NOT USED</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X 1</b>	<b>ID</b>	<b>2/2</b>
<b>NOT USED</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O 1</b>	<b>AN</b>	<b>1/60</b>

## IMPLEMENTATION

OPERATING PHYSICIAN SECONDARY  
IDENTIFICATION

Loop: 2310B — OPERATING PHYSICIAN NAME

Usage: SITUATIONAL

Repeat: 5

Segment OD: 837A1\_2310B\_REF

Notes: 1. Use this REF only when a second number is necessary to identify the provider. The primary identification must be contained in NM109.

Example: REF\*1G\*A12345~

## STANDARD

## REF Reference Identification

Level: Detail

Position: 2710

Loop: 2310

Requirement: Optional

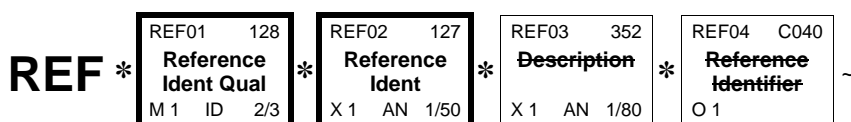
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification  od: 837A1_2310B_REF01__ReferenceIdentificationQualifier	M	ID	2/3
			CODE	DEFINITION		
			0B	State License Number		
			1G	Provider UPIN Number		

<b>REQUIRED</b>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  od: 837A1_2310B_REF02__OperatingPhysicianSecondaryIdentifier  SYNTAX: R0203	<b>X</b>	<b>AN</b>	<b>1/50</b>
<b>NOT USED</b>	REF03	352	<b>Description</b>	<b>X 1</b>	<b>AN</b>	<b>1/80</b>
<b>NOT USED</b>	REF04	C040	<b>REFERENCE IDENTIFIER</b>	<b>O 1</b>		

IMPLEMENTATION

## OTHER PROVIDER NAME

Loop: 2310C — OTHER PROVIDER NAME Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1\_2310C

Segment OD: 837A1\_2310C\_NM1

- Notes:
1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
  2. Because the usage of this segment is “Situational” this is not a syntactically required loop. If this loop is used, then this segment is a “Required” segment. See Appendix A for further details on ASC X12 nomenclature.
  3. Required on all outpatient and home health claims/encounters to indicate the person or organization (Home Health Agency) who rendered the care. In the case where a substitute provider (locum tenans) was used, that person should be entered here. Required when the Other Provider NM1 information is different than that carried in either the Billing Provider NM1 or the Pay-to Provider in the 2010AA/AB loops.
  4. Required on non-outpatient (e.g inpatient, SNF, ICF etc.) claims or encounters to indicate the physician who rendered service for the principal procedure if other than the operating physician reported in Loop 2310B. Not required on non-outpatient claims or encounters if no principal procedure was performed.
  5. Only the Other Physician license number is necessary. The name will be ignored if not otherwise required.

Example: NM1\*73\*1\*DOE\*JOHN\*A\*\*\*34\*201749586~

STANDARD

## NM1 Individual or Organizational Name

Level: Detail

Position: 2500

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2310 contains information about the rendering, referring, or attending provider.

**Syntax: 1. P0809**

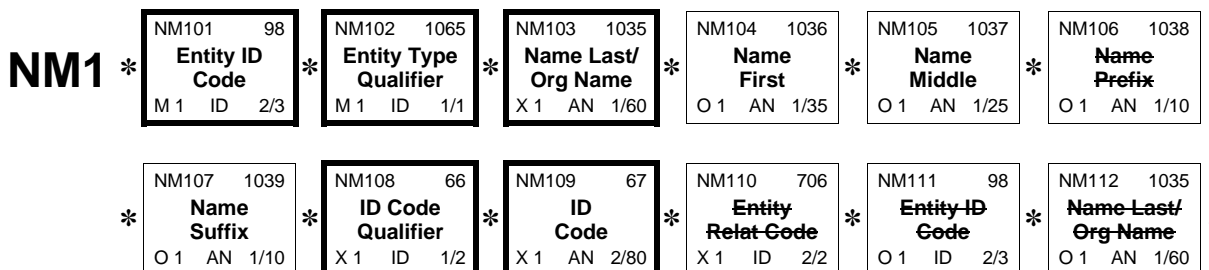
If either NM108 or NM109 is present, then the other is required.

**2. C1110**

If NM111 is present, then NM110 is required.

**3. C1203**

If NM112 is present, then NM103 is required.

**DIAGRAM****ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual  od: 837A1_2310C_NM101__EntityIdentifierCode  <b>The entity identifier in NM101 applies to all segments in Loop ID-2310.</b>	M	ID	2/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>73</td><td>Other Physician</td></tr></table>	CODE	DEFINITION	73	Other Physician			
CODE	DEFINITION									
73	Other Physician									
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  od: 837A1_2310C_NM102__EntityTypeQualifier  SEMANTIC: NM102 qualifies NM103.	M	ID	1/1				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Person</td></tr></table>	CODE	DEFINITION	1	Person			
CODE	DEFINITION									
1	Person									

REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  OD: 837A1_2310C_NM103__OtherPhysicianLastName  SYNTAX: C1203 <b>UB-92 Reference [UB-92 Name]:</b> 83B, Line b [Other Physician ID]  <b>EMC v.6.0 Reference:</b> Record Type 80 Field No. 11, 12  Only the Other Physician license number is necessary. The name will be ignored if not otherwise required.	X	AN	1/60
SITUATIONAL	NM104	1036	<b>Name First</b> Individual first name  OD: 837A1_2310C_NM104__OtherPhysicianFirstName <b>UB-92 Reference [UB-92 Name]:</b> 83B, Line b [Other Physician ID]  <b>EMC v.6.0 Reference:</b> Record Type 80 Field No. 11, 12  Required if NM102=1 (person).  Only the Other Physician license number is necessary. The name will be ignored if not otherwise required.	O	AN	1/35
SITUATIONAL	NM105	1037	<b>Name Middle</b> Individual middle name or initial  OD: 837A1_2310C_NM105__OtherPhysicanMiddleName <b>Required when NM102=1-Person and the Middle Name or Initial of the person is known by the provider.</b>  Only the Other Physician license number is necessary. The name will be ignored if not otherwise required.	O	AN	1/25
NOT USED	NM106	1038	<b>Name Prefix</b>	O 1	AN	1/10
SITUATIONAL	NM107	1039	<b>Name Suffix</b> Suffix to individual name  OD: 837A1_2310C_NM107__OtherPhysicanNameSuffix <b>Other Provider Generation</b>  Required if known.  Only the Other Physician license number is necessary. The name will be ignored if not otherwise required.	O	AN	1/10



REQUIRED	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  OD: 837A1_2310C_NM108__IdentificationCodeQualifier  SYNTAX: P0809	X	ID	1/2								
<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>SL</td><td>State License Number</td></tr><tr><td>UP</td><td>Unique Physician Identification Number (UPIN) Either the UPIN or the State License Number are required if the National Provider ID is not available.</td></tr><tr><td>XX</td><td>Health Care Financing Administration National Provider Identifier</td></tr></table>							CODE	DEFINITION	SL	State License Number	UP	Unique Physician Identification Number (UPIN) Either the UPIN or the State License Number are required if the National Provider ID is not available.	XX	Health Care Financing Administration National Provider Identifier
CODE	DEFINITION													
SL	State License Number													
UP	Unique Physician Identification Number (UPIN) Either the UPIN or the State License Number are required if the National Provider ID is not available.													
XX	Health Care Financing Administration National Provider Identifier													
REQUIRED	NM109	67	<b>Identification Code</b> Code identifying a party or other code  OD: 837A1_2310C_NM109__OtherPhysicianIdentifier  <i>ALIAS: Other Physician Primary ID</i>  SYNTAX: P0809  <b>UB-92 Reference [UB-92 Name]:</b> <b>83B, Line a [Other Physician ID]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 80 Field No. 7</b> <b>Record Type 81 Field No. 6</b>	X	AN	2/80								
NOT USED	NM110	706	Entity Relationship Code	X 1	ID	2/2								
NOT USED	NM111	98	Entity Identifier Code	O 1	ID	2/3								
NOT USED	NM112	1035	Name Last or Organization Name	O 1	AN	1/60								

IMPLEMENTATION

## OTHER PROVIDER SECONDARY IDENTIFICATION

Loop: 2310C — OTHER PROVIDER NAME

Usage: SITUATIONAL

Repeat: 5

Segment OD: 837A1\_2310C\_REF

Notes: 1. Use this REF only when a second number is necessary to identify the provider. The primary identification must be contained in NM109.

Example: REF\*1G\*A12345~

STANDARD

### REF Reference Identification

Level: Detail

Position: 2710

Loop: 2310

Requirement: Optional

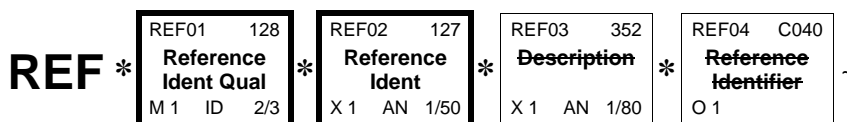
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	<b>Reference Identification Qualifier</b> Code qualifying the Reference Identification  od: 837A1_2310C_REF01__ReferenceIdentificationQualifier	M	ID	2/3
			CODE	DEFINITION		
			0B	State License Number		
			1G	Provider UPIN Number		

<b>REQUIRED</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  od: 837A1_2310C_REF02__  SYNTAX: R0203	<b>X</b>	<b>AN</b>	<b>1/50</b>
<b>NOT USED</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X 1</b>	<b>AN</b>	<b>1/80</b>
<b>NOT USED</b>	<b>REF04</b>	<b>C040</b>	<b>REFERENCE IDENTIFIER</b>	<b>O 1</b>		

IMPLEMENTATION

## REFERRING PROVIDER NAME

Loop: 2310D — REFERRING PROVIDER NAME Repeat: 2

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1\_2310D

Segment OD: 837A1\_2310D\_NM1

- Notes:
1. Information in Loop ID-2310 applies to the entire claim unless it is overridden on a service line by the presence of Loop ID-2410 with the same value in NM101.
  2. When there is only one referral on the claim, use code “DN - Referring Provider”. When more than one referral exists and there is a requirement to report the additional referral/order, use code DN in the first iteration of this loop to indicate the referral/order received by the rendering provider or Service Facility on this claim. Use code “P3 - Primary Care Provider” in the second iteration of the loop to indicate the initial referral/order from the primary care provider or whatever provider wrote the initial referral/order for this patient’s episode of care being billed/reported in this transaction.
  3. Because the usage of this segment is “Situational” this is not a syntactically required loop. If this loop is used, then this segment is a “Required” segment. See Appendix A for further details on ASC X12 nomenclature.
  4. Required if claim or encounter involved a referral/order.
  5. Only the Referring Physician number is necessary. The name will be ignored if not otherwise required.

Example: NM1\*DN\*1\*SMITH\*JANE\*\*\*\*\*XX\*12345678~

STANDARD

## NM1 Individual or Organizational Name

Level: Detail

Position: 2500

Loop: 2310 Repeat: 9

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

Set Notes: 1. Loop 2310 contains information about the rendering, referring, or attending provider.

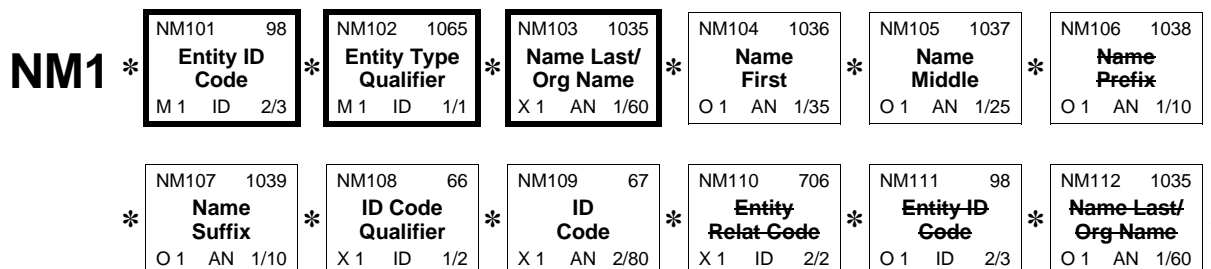
Syntax: 1. P0809  
If either NM108 or NM109 is present, then the other is required.

**2. C1110**

If NM111 is present, then NM110 is required.

**3. C1203**

If NM112 is present, then NM103 is required.

**DIAGRAM****ELEMENT SUMMARY**

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual  od: 837A1_2310D_NM101__EntityIdentifierCode  <b>The entity identifier in NM101 applies to all segments in Loop ID-2310.</b>	M	ID	2/3						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>DN</td><td><b>Referring Provider</b> Use on first iteration of this loop. Use if loop is used only once.</td></tr><tr><td>P3</td><td><b>Primary Care Provider</b> Use only if loop is used twice. Use only on second iteration of this loop.</td></tr></tbody></table>	CODE	DEFINITION	DN	<b>Referring Provider</b> Use on first iteration of this loop. Use if loop is used only once.	P3	<b>Primary Care Provider</b> Use only if loop is used twice. Use only on second iteration of this loop.			
CODE	DEFINITION											
DN	<b>Referring Provider</b> Use on first iteration of this loop. Use if loop is used only once.											
P3	<b>Primary Care Provider</b> Use only if loop is used twice. Use only on second iteration of this loop.											
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  od: 837A1_2310D_NM102__EntityTypeQualifier  SEMANTIC: NM102 qualifies NM103.	M	ID	1/1						
			<table><thead><tr><th>CODE</th><th>DEFINITION</th></tr></thead><tbody><tr><td>1</td><td><b>Person</b></td></tr><tr><td>2</td><td><b>Non-Person Entity</b></td></tr></tbody></table>	CODE	DEFINITION	1	<b>Person</b>	2	<b>Non-Person Entity</b>			
CODE	DEFINITION											
1	<b>Person</b>											
2	<b>Non-Person Entity</b>											

REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  od: 837A1_2310D_NM103__ReferringProviderLastName  <i>ALIAS: Ordering Physician Last Name</i>  SYNTAX: C1203  Only the Referring Physician number is necessary. The name will be ignored if not otherwise required.	X	AN	1/60								
SITUATIONAL	NM104	1036	<b>Name First</b> Individual first name  od: 837A1_2310D_NM104__ReferringProviderFirstName  Required if NM102=1 (person).  Only the Referring Physician number is necessary. The name will be ignored if not otherwise required.	O	AN	1/35								
SITUATIONAL	NM105	1037	<b>Name Middle</b> Individual middle name or initial  od: 837A1_2310D_NM105__ReferringProviderMiddleName  Required if NM102=1 and the middle name/initial of the person is known.  Only the Referring Physician number is necessary. The name will be ignored if not otherwise required.	O	AN	1/25								
NOT USED	NM106	1038	<b>Name Prefix</b>	O 1	AN	1/10								
SITUATIONAL	NM107	1039	<b>Name Suffix</b> Suffix to individual name  od: 837A1_2310D_NM107__ReferringProviderNameSuffix  <i>ALIAS: Referring Provider Generation</i>  Required if known.  Only the Referring Physician number is necessary. The name will be ignored if not otherwise required.	O	AN	1/10								
SITUATIONAL	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  od: 837A1_2310D_NM108__IdentificationCodeQualifier  SYNTAX: P0809 <table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>SL</td><td>State License Number</td></tr><tr><td>UP</td><td>Unique Physician Identification Number (UPIN) Either the UPIN or the State License Number are required if the National Provider ID is not available.</td></tr><tr><td>XX</td><td>Health Care Financing Administration National Provider Identifier</td></tr></table>	CODE	DEFINITION	SL	State License Number	UP	Unique Physician Identification Number (UPIN) Either the UPIN or the State License Number are required if the National Provider ID is not available.	XX	Health Care Financing Administration National Provider Identifier	X	ID	1/2
CODE	DEFINITION													
SL	State License Number													
UP	Unique Physician Identification Number (UPIN) Either the UPIN or the State License Number are required if the National Provider ID is not available.													
XX	Health Care Financing Administration National Provider Identifier													

<b>SITUATIONAL</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code  OD: 837A1_2310D_NM109__ReferringProviderIdentifier  <i>ALIAS: Referring Provider Primary Identifier</i>  SYNTAX: P0809  <b>Required if Employer's Identification/Social Security number, UPIN, or National Provider Identifier is known.</b>  <b>A number is recommended for managed care claims.</b>	<b>X</b>	<b>AN</b>	<b>2/80</b>
<b>NOT USED</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X 1</b>	<b>ID</b>	<b>2/2</b>
<b>NOT USED</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O 1</b>	<b>AN</b>	<b>1/60</b>

## IMPLEMENTATION

REFERRING PROVIDER SECONDARY  
IDENTIFICATION

Loop: 2310D — REFERRING PROVIDER NAME

Usage: SITUATIONAL

Repeat: 5

Segment OD: 837A1\_2310D\_REF

Example: REF\*1G\*A12345~

## STANDARD

## REF Reference Identification

Level: Detail

Position: 2710

Loop: 2310

Requirement: Optional

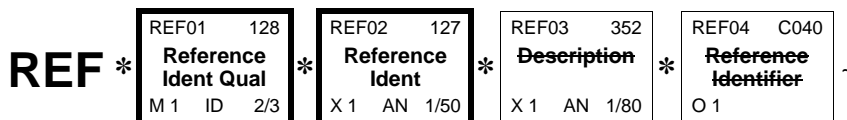
Max Use: 20

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification  od: 837A1_2310D_REF01__ReferenceIdentificationQualifier	M	ID	2/3
		CODE	DEFINITION			
		0B	State License Number			
		1A	Blue Cross Provider Number			
		1B	Blue Shield Provider Number			
		1C	Medicare Provider Number			
		1D	Medicaid Provider Number			
		1G	Provider UPIN Number			



			<b>B3</b>	<b>Preferred Provider Organization Number</b>			
			<b>BQ</b>	<b>Health Maintenance Organization Code Number</b>			
			<b>EI</b>	<b>Employer's Identification Number</b>			
			<b>G2</b>	<b>Provider Commercial Number</b>			
			<b>LU</b>	<b>Location Number</b>			
			<b>N5</b>	<b>Provider Plan Network Identification Number</b>			
			<b>SY</b>	<b>Social Security Number</b> The social security number may not be used for Medicare.			
			<b>X5</b>	<b>State Industrial Accident Provider Number</b>			
<b>REQUIRED</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>				
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier				
			OD: 837A1_2310D_REF02__ReferringProviderSecondaryIdentifier				
			SYNTAX: R0203				
<b>NOT USED</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>				
<b>NOT USED</b>	<b>REF04</b>	<b>C040</b>	<b>REFERENCE IDENTIFIER</b>				

IMPLEMENTATION

## OTHER SUBSCRIBER INFORMATION

Loop: 2320 — OTHER SUBSCRIBER INFORMATION Repeat: 10

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1\_2320

Segment OD: 837A1\_2320\_SBR

- Notes:
1. Required if other payers are known to potentially be involved in paying on this claim.
  2. Because the usage of this segment is “Situational” this is not a syntactically required loop. If this loop is used, then this segment is a “Required” segment. See Appendix A for further details on ASC X12 nomenclature.
  3. All information contained in the 2320 Loop applies only to the payer who is identified in the 2330B Loop of this iteration of the 2320 Loop. It is specific only to that payer. If information on additional payers is needed to be carried, run the 2320 Loop again with it’s respective 2330 Loops.
  4. The information for the primary payer will be reported in the subscriber loop (2000B).

Example: SBR\*S\*01\*GR00786\*\*MC\*\*\*\*OF~

STANDARD

## SBR Subscriber Information

Level: Detail

Position: 2900

Loop: 2320 Repeat: 10

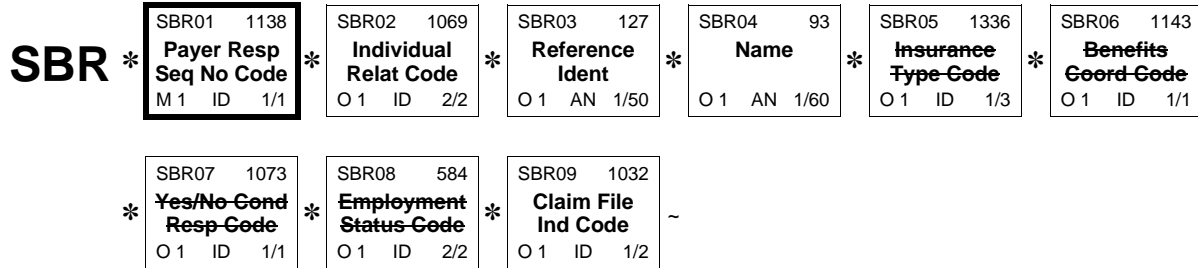
Requirement: Optional

Max Use: 1

**Purpose:** To record information specific to the primary insured and the insurance carrier for that insured

- Set Notes:**
1. Loop 2320 contains insurance information about: paying and other Insurance Carriers for that Subscriber, Subscriber of the Other Insurance Carriers, School or Employer Information for that Subscriber.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SBR01	1138	<b>Payer Responsibility Sequence Number Code</b> Code identifying the insurance carrier's level of responsibility for a payment of a claim  OD: 837A1_2320_SBR01__PayerResponsibilitySequenceNumberCode  <b>UB-92 Reference [UB-92 Name]:</b>  50 (A-C) [Payer Identification] 51 (A-C) [Provider Number] 52 (A-C) [Release of Information Certification Indicator] 53 (A-C) [Assignment of Benefits Certification Indicator] 54 (A-C) [Prior Payments - Payers and Patient] 55 (A-C) [Estimated Amount Due] 58 (A-C) [Insured's Name] 59 (A-C) [Patient's Relationship to Insured] 60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number] 61 (A-C) [Insured Group Name] 62 (A-C) [Insurance Group Number] 63 (A-C) [Treatment Authorization Code] 64 (A-C) [Employment Status Code of the Insured] 65 (A-C) [Employer Name of the Insured] 66 (A-C) [Employer Location of the Insured]  <b>EMC v.6.0 Reference:</b>  Record Type 30 Field No. 2 (Sequence 01-03) Record Type 31 Field No. 2 (Sequence 01-03) Record Type 32 Field No. 2 (Sequence 01-03) Record Type 40 Field No. 5, 6, 7	M ID 1/1
			CODE	DEFINITION
			S	Secondary
			T	Tertiary

Used to indicate “payer of last resort”. The primary payer is reported in the Subscriber Information Loop 2000B.

**SITUATIONAL****SBR02****1069****Individual Relationship Code****O****ID****2/2**

Code indicating the relationship between two individuals or entities

OD: 837A1\_2320\_SBR02\_\_IndividualRelationshipCode

SEMANTIC: SBR02 specifies the relationship to the person insured.

**EMC Reference:****30 Field No. 18 (Sequence 01-03)****UB-92 Reference [UB-92 Name]:****59 (A-C) [Patient's Relationship to Insured]**

This data element is required when authorized by state or federal law or regulations.

Use this code to specify the patient's relationship to the person insured.

CODE	DEFINITION
<b>01</b>	<b>Spouse</b> UB-92 Reference [UB-92 Name]: <b>59 Code 02 [Spouse]</b>
<b>04</b>	<b>Grandfather or Grandmother</b> UB-92 Reference [UB-92 Name]: <b>59 Code 19 [Grandparent]</b>
<b>05</b>	<b>Grandson or Granddaughter</b> UB-92 Reference [UB-92 Name]: <b>59 Code 13 [Grandchild]</b>
<b>07</b>	<b>Nephew or Niece</b> UB-92 Reference [UB-92 Name]: <b>59 Code 14 [Niece/Nephew]</b>
<b>10</b>	<b>Foster Child</b> UB-92 Reference [UB-92 Name]: <b>59 Code 06 [Foster Child]</b>
<b>15</b>	<b>Ward</b> UB-92 Reference [UB-92 Name]: <b>59 Code 07 [Ward of the Court]</b>
<b>17</b>	<b>Stepson or Stepdaughter</b> UB-92 Reference [UB-92 Name]: <b>59 Code 05 [Step Child]</b>
<b>18</b>	<b>Self</b> UB-92 Reference [UB-92 Name]: <b>59 Code 01 [Patient Is Insured]</b>

19	<b>Child</b> UB-92 Reference [UB-92 Name]: <b>59 Code 03 [Natural Child/Insured Financial Responsibility]</b>
20	<b>Employee</b> UB-92 Reference [UB-92 Name]: <b>59 Code 08 [Employee]</b>
21	<b>Unknown</b> UB-92 Reference [UB-92 Name]: <b>59 Code 09 [Unknown]</b>
22	<b>Handicapped Dependent</b> UB-92 Reference [UB-92 Name]: <b>59 Code 10 [Handicapped Dependent]</b>
23	<b>Sponsored Dependent</b> UB-92 Reference [UB-92 Name]: <b>59 Code 16 [Sponsored Dependent]</b>
24	<b>Dependent of a Minor Dependent</b> UB-92 Reference [UB-92 Name]: <b>59 Code 17 [Minor Dependent of a Minor Dependent]</b>
29	<b>Significant Other</b>
32	<b>Mother</b>
33	<b>Father</b>
36	<b>Emancipated Minor</b>
39	<b>Organ Donor</b> UB-92 Reference [UB-92 Name]: <b>59 Code 11 [Organ Donor]</b>
40	<b>Cadaver Donor</b> UB-92 Reference [UB-92 Name]: <b>59 Code 12 [Cadaver Donor]</b>
41	<b>Injured Plaintiff</b> UB-92 Reference [UB-92 Name]: <b>59 Code 15 [Injured Plaintiff]</b>
43	<b>Child Where Insured Has No Financial Responsibility</b> UB-92 Reference [UB-92 Name]: <b>59 Code 04 [Natural Child/Insured Does not Have Financial Responsibility]</b>
53	<b>Life Partner</b> UB-92 Reference [UB-92 Name]: <b>59 Code 20 [Life Partner]</b>
G8	<b>Other Relationship</b>

SITUATIONAL	SBR03	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  OD: 837A1_2320_SBR03__InsuredGrouporPolicyNumber  SEMANTIC: SBR03 is policy or group number.  <b>EMC Reference:</b> <b>30 Field No. 10 (Sequence 01-03) Insurance Group No.</b>  <b>UB-92 Reference [UB-92 Name]:</b> <b>62 (A-C) [Insurance Group Number]</b>  <b>This data element is required when authorized by state or federal law or regulations.</b>  <b>Use this element to carry the subscriber's group number but not the number that uniquely identifies the subscriber. The subscriber's number should be carried in NM109. Using code IL in NM101 identifies the number in NM109 as the insured's Identification Number.</b>	O	AN	1/50
SITUATIONAL	SBR04	93	<b>Name</b> Free-form name  OD: 837A1_2320_SBR04__OtherInsuredGroupName  SEMANTIC: SBR04 is plan name.  <b>EMC Reference:</b> <b>30 Field No. 11 (Sequence 01-03)</b>  <b>UB-92 Reference [UB-92 Name]:</b> <b>61 (A-C) [Insured Group Name]</b>  <b>This data element is required when authorized by state or federal law or regulations.</b>  <b>Plan Name (Group Name)</b>  <b>This data element is required when the Provider has the Plan Name (Group Name) within their files.</b>	O	AN	1/60
NOT USED	SBR05	1336	Insurance Type Code	O	1	ID 1/3
NOT USED	SBR06	1143	Coordination of Benefits Code	O	1	ID 1/1
NOT USED	SBR07	1073	Yes/No Condition or Response Code	O	1	ID 1/1
NOT USED	SBR08	584	Employment Status Code	O	1	ID 2/2

**SITUATIONAL**      **SBR09**      **1032**      **Claim Filing Indicator Code**      **O**      **ID**      **1/2**

Code identifying type of claim

OD: 837A1\_2320\_SBR09\_\_ClaimFilingIndicatorCode

**EMC v.6.0 Reference:**

**Record Type 30 Field No. 4 (Sequence 01-03. See SBR09 in LOOP 2000B for EMC code translation.)**

**Required prior to mandated use of PlanID. Not used after PlanID is mandated.**

CODE	DEFINITION
<b>09</b>	<b>Self-pay</b>
<b>11</b>	<b>Other Non-Federal Programs</b>
<b>12</b>	<b>Preferred Provider Organization (PPO)</b>
<b>14</b>	<b>Exclusive Provider Organization (EPO)</b>
<b>15</b>	<b>Indemnity Insurance</b>
<b>16</b>	<b>Health Maintenance Organization (HMO) Medicare Risk</b>
<b>AM</b>	<b>Automobile Medical</b>
<b>BL</b>	<b>Blue Cross/Blue Shield</b>
<b>CH</b>	<b>Champus</b>
<b>CI</b>	<b>Commercial Insurance Co.</b>
<b>DS</b>	<b>Disability</b>
<b>HM</b>	<b>Health Maintenance Organization</b>
<b>LI</b>	<b>Liability</b>
<b>LM</b>	<b>Liability Medical</b>
<b>MA</b>	<b>Medicare Part A</b>
<b>MB</b>	<b>Medicare Part B</b>
<b>MC</b>	<b>Medicaid</b>
<b>OF</b>	<b>Other Federal Program</b>
<b>WC</b>	<b>Workers' Compensation Health Claim</b>
<b>ZZ</b>	<b>Mutually Defined Unknown</b>

## PAYER PRIOR PAYMENT

**Example: AMT\*C4\*150~**

**AMT** Monetary Amount

**Purpose:** To indicate the total monetary amount

**AMT** \* 

AMT01	522
<b>Amount Qual</b>	
M 1	ID 1/3

 \* 

AMT02	782
<b>Monetary</b>	
M 1	R 1/18

 \* 

AMT03	478
<b>Cred/Debit</b>	
O 1	ID 1/1

 ~

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	AMT01	522	Amount Qualifier Code Code to qualify amount  od: 837A1_2320_AMT01__AmountQualifierCode	M	ID	1/3
INDUSTRY: Other Payer Patient Paid Amount						
			CODE	DEFINITION		
			C4	Prior Payment - Actual		



<b>REQUIRED</b>	<b>AMT02</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount  OD: 837A1_2320_AMT02__OtherPayerPatientPaidAmount <b>EMC Reference:</b> <b>30 Field No. 25 (Sequence 01-03)</b>  <b>UB-92 Reference [UB-92 Name]:</b> <b>54 (A-C) [Prior Payments - Payers and Patient]</b>	<b>M</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>AMT03</b>	<b>478</b>	<b>Credit/Debit Flag Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/1</b>

IMPLEMENTATION

## OTHER SUBSCRIBER NAME

Loop: 2330A — OTHER SUBSCRIBER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1\_2330A

Segment OD: 837A1\_2330A\_NM1

- Notes:
1. Submitters are required to send information on all known other subscribers in Loop ID 2330.
  2. The 2330A Loop is required when Loop ID 2320 - Other Subscriber Information is used. Otherwise, this loop is not used.
  3. The Other Subscriber Name is not necessary for the Reporting Guide, so a masked value may be coded.
  4. When this information cannot be reported by state or federal law or regulation, then a masked value should be reported.

Example: NM1\*IL\*1\*DOE\*JOHN\*T\*\*\*34\*123456789~

STANDARD

## NM1 Individual or Organizational Name

Level: Detail

Position: 3250

Loop: 2330 Repeat: 10

Requirement: Optional

Max Use: 1

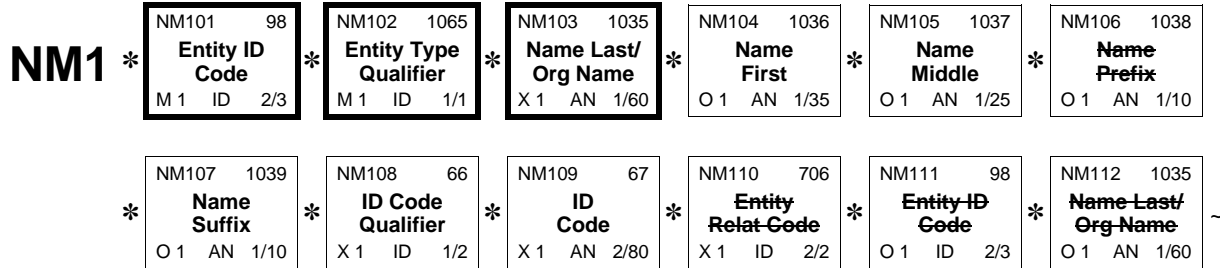
Purpose: To supply the full name of an individual or organizational entity

Set Notes:

1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.

- Syntax:
1. **P0809**  
If either NM108 or NM109 is present, then the other is required.
  2. **C1110**  
If NM111 is present, then NM110 is required.
  3. **C1203**  
If NM112 is present, then NM103 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual  od: 837A1_2330A_NM101__EntityIdentifierCode	M	ID	2/3				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>IL</td><td>Insured or Subscriber</td></tr></table>	CODE	DEFINITION	IL	Insured or Subscriber			
CODE	DEFINITION									
IL	Insured or Subscriber									
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  od: 837A1_2330A_NM102__EntityTypeQualifier  SEMANTIC: NM102 qualifies NM103.	M	ID	1/1				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>1</td><td>Person</td></tr></table>	CODE	DEFINITION	1	Person			
CODE	DEFINITION									
1	Person									
REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  od: 837A1_2330A_NM103__OtherInsuredLastName  ALIAS: <b>Subscriber's Last Name</b>  SYNTAX: C1203  UB-92 Reference [UB-92 Name]: <b>58 (A-C) [Insured's Name]</b>  EMC v.6.0 Reference: <b>Record Type 30 Field No. 12 (Sequence 01-03)</b>  When this information cannot be reported by state or federal law or regulation, then a masked value should be reported.	X	AN	1/60				

SITUATIONAL	NM104	1036	Name First Individual first name  od: 837A1_2330A_NM104__OtherInsuredFirstName  ALIAS: <b>Subscriber's First Name</b>  UB-92 Reference [UB-92 Name]: 58 (A-C) [Insured's Name]  EMC v.6.0 Reference: Record Type 30 Field No. 13 (Sequence 01-03)  This data element is required when NM102 equals one (1).  When this information cannot be reported by state or federal law or regulation, then a masked value should be reported.	O	AN	1/35
SITUATIONAL	NM105	1037	Name Middle Individual middle name or initial  od: 837A1_2330A_NM105__OtherInsuredMiddleName  ALIAS: <b>Subscriber's Middle Initial</b>  UB-92 Reference [UB-92 Name]: 58 (A-C) [Insured's Name]  EMC v.6.0 Reference: Record Type 30 Field No. 14 (Sequence 01-03)  Required if NM102=1 and the middle name/initial of the person is known.  When this information cannot be reported by state or federal law or regulation, then a masked value should be reported.	O	AN	1/25
NOT USED	NM106	1038	Name Prefix	O 1	AN	1/10
SITUATIONAL	NM107	1039	Name Suffix Suffix to individual name  od: 837A1_2330A_NM107__OtherInsuredNameSuffix  Examples: I, II, III, IV, Jr, Sr  Required if known.  When this information cannot be reported by state or federal law or regulation, then a masked value should be reported.	O	AN	1/10
SITUATIONAL	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67)  od: 837A1_2330A_NM108__IdentificationCodeQualifier  SYNTAX: P0809  This data element is required when authorized by state or federal law or regulations.	X	ID	1/2
			CODE	DEFINITION		
			34	Social Security Number		

			<b>MI</b>	<b>Member Identification Number</b>  The code MI is intended to be the subscriber’s identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured’s ID, Subscriber’s ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.		
			<b>ZZ</b>	<b>Mutually Defined</b>  The value ‘ZZ’, when used in this data element shall be defined as “HIPAA Individual Identifier” once this identifier has been adopted. Under the Health Insurance Portability and Accountability Act of 1996, the Secretary of the Department of Health and Human Services must adopt a standard individual identifier for use in this transaction.		
<b>SITUATIONAL</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code  OD: 837A1_2330A_NM109__OtherInsuredIdentifier  <b>ALIAS: <i>Subscriber Primary ID</i></b>  SYNTAX: P0809  <b>EMC Reference:</b> <b>30 Field No. 7 (Sequence 01-03)</b>  <b>UB-92 Reference [UB-92 Name]:</b> <b>60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]</b>  <b>This data element is required when authorized by state or federal law or regulations.</b>	<b>X</b>	<b>AN</b>	<b>2/80</b>
<b>NOT USED</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X 1</b>	<b>ID</b>	<b>2/2</b>
<b>NOT USED</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O 1</b>	<b>AN</b>	<b>1/60</b>

## IMPLEMENTATION

OTHER SUBSCRIBER SECONDARY  
INFORMATION

Loop: 2330A — OTHER SUBSCRIBER NAME

Usage: SITUATIONAL

Repeat: 3

Segment OD: 837A1\_2330A\_REF

Notes: 1. This segment is required when additional identification numbers are required.

Example: REF\*SY\*030385074~

## STANDARD

## REF Reference Identification

Level: Detail

Position: 3550

Loop: 2330

Requirement: Optional

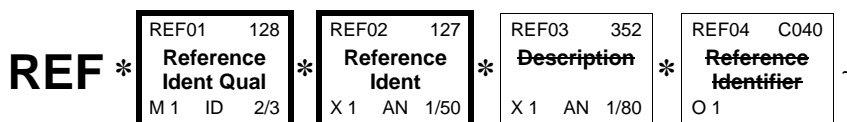
Max Use: &gt;1

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification  OD: 837A1_2330A_REF01__ReferenceIdentificationQualifier	M	ID	2/3
		CODE	DEFINITION			
		1W	Member Identification Number If NM108 = MI, this qualifier cannot be used.			
		23	Client Number  This code is intended to be used only in claims submitted to the Indian Health Services (IHS/CHS) Fiscal Intermediary for the purpose of reporting the Health Record Number.			

			IG	Insurance Policy Number
			SY	Social Security Number
REQUIRED	REF02	127	Reference Identification	X AN 1/50
			Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
			od: 837A1_2330A_REF02__OtherInsuredAdditionalIdentifier	
			SYNTAX: R0203	
			UB-92 Reference [UB-92 Name]:	
			60 (A-C) [Certificate/Social Security Number/Health Insurance Claim/ Identification Number]	
			EMC v.6.0 Reference:	
			Record Type 30 Field No. 7 (Sequence 01-03)	
NOT USED	REF03	352	Description	X 1 AN 1/80
NOT USED	REF04	C040	REFERENCE IDENTIFIER	O 1

## IMPLEMENTATION

## OTHER PAYER NAME

Loop: 2330B — OTHER PAYER NAME Repeat: 1

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1\_2330B

Segment OD: 837A1\_2330B\_NM1

Notes: 1. Submitters are required to send all known information on other payers in this Loop ID - 2330.

Example: NM1\*PR\*2\*UNION MUTUAL OF OREGON\*\*\*\*\*PI\*43140~

## STANDARD

## NM1 Individual or Organizational Name

Level: Detail

Position: 3250

Loop: 2330 Repeat: 10

Requirement: Optional

Max Use: 1

Purpose: To supply the full name of an individual or organizational entity

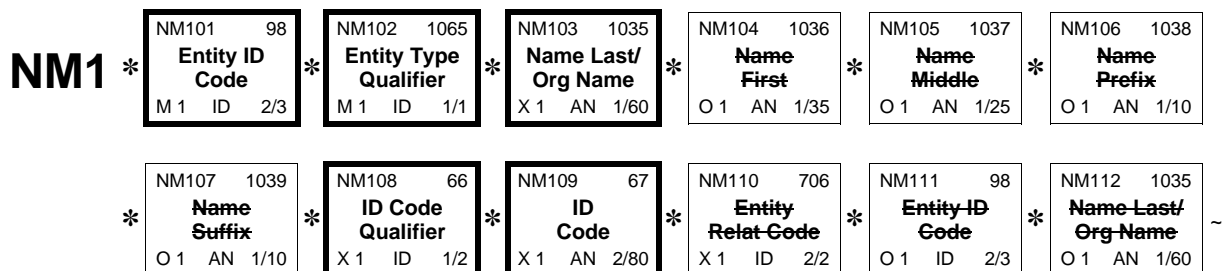
Set Notes: 1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.

Syntax: 1. **P0809**  
If either NM108 or NM109 is present, then the other is required.

2. **C1110**  
If NM111 is present, then NM110 is required.

3. **C1203**  
If NM112 is present, then NM103 is required.

## DIAGRAM





## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES								
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual  od: 837A1_2330B_NM101__EntityIdentifierCode	M	ID	2/3						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>PR</td><td>Payer</td></tr></table>	CODE	DEFINITION	PR	Payer					
CODE	DEFINITION											
PR	Payer											
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  od: 837A1_2330B_NM102__EntityTypeQualifier  SEMANTIC: NM102 qualifies NM103.	M	ID	1/1						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>2</td><td>Non-Person Entity</td></tr></table>	CODE	DEFINITION	2	Non-Person Entity					
CODE	DEFINITION											
2	Non-Person Entity											
REQUIRED	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name  od: 837A1_2330B_NM103__OtherPayerLastorOrganizationName  ALIAS: <b>Payer Name</b>  SYNTAX: C1203  UB-92 Reference [UB-92 Name]: 50 (A-C) [Payer Identification]  EMC v.6.0 Reference: Record Type 30 Field No. 8b (Sequence 01-03) Record Type 32 Field No. 4 (Sequence 01-03)	X	AN	1/60						
NOT USED	NM104	1036	<b>Name First</b>	O 1	AN	1/35						
NOT USED	NM105	1037	<b>Name Middle</b>	O 1	AN	1/25						
NOT USED	NM106	1038	<b>Name Prefix</b>	O 1	AN	1/10						
NOT USED	NM107	1039	<b>Name Suffix</b>	O 1	AN	1/10						
REQUIRED	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  od: 837A1_2330B_NM108__IdentificationCodeQualifier  SYNTAX: P0809  EMC v.6.0 Reference: Record Type 30 Field No. 5, 6 (Sequence 01-03)	X	ID	1/2						
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>PI</td><td>Payor Identification</td></tr><tr><td>XV</td><td>Health Care Financing Administration National Payer Identification Number (PAYERID)</td></tr></table>	CODE	DEFINITION	PI	Payor Identification	XV	Health Care Financing Administration National Payer Identification Number (PAYERID)			
CODE	DEFINITION											
PI	Payor Identification											
XV	Health Care Financing Administration National Payer Identification Number (PAYERID)											

CODE SOURCE 540: Health Care Financing Administration  
National PAYERID

REQUIRED	NM109	67	<b>Identification Code</b> Code identifying a party or other code  OD: 837A1_2330B_NM109__OtherPayerPrimaryIdentifier  <i>ALIAS: Payer Primary ID</i>  SYNTAX: P0809  This number must be identical to SVD01 (L00p ID - 2430) for COB.	X	AN	2/80
NOT USED	NM110	706	<b>Entity Relationship Code</b>	X 1	ID	2/2
NOT USED	NM111	98	<b>Entity Identifier Code</b>	O 1	ID	2/3
NOT USED	NM112	1035	<b>Name Last or Organization Name</b>	O 1	AN	1/60

## IMPLEMENTATION

OTHER PAYER SECONDARY  
IDENTIFICATION AND REFERENCE NUMBER

Loop: 2330B — OTHER PAYER NAME

Usage: SITUATIONAL

Repeat: 2

Segment OD: 837A1\_2330B\_REF

Notes: 1. This segment is required when a secondary number is needed to identify the payer.

2. Used when it is necessary to identify the 'other' payer's claim number in a payer-to-payer COB situation (use code F8).

Example: REF\*FY\*465980789~

## STANDARD

## REF Reference Identification

Level: Detail

Position: 3550

Loop: 2330

Requirement: Optional

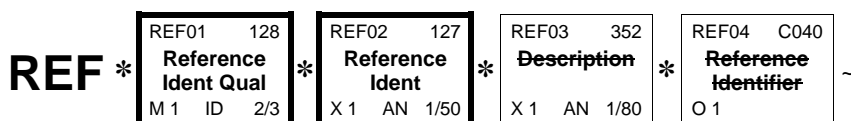
Max Use: &gt;1

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification  OD: 837A1_2330B_REF01__ReferenceIdentificationQualifier	M	ID	2/3
Use code F8 to indicate the payer's claim number assigned to this claim by the payer referenced in this iteration of Loop ID - 2330B.						
		CODE	DEFINITION			
		2U	Payer Identification Number			

			<b>F8</b>	<b>Original Reference Number</b> UB-92 Reference [UB-92 Name]: <b>37 (A-C) [Internal Control Number (ICN)/ Document Control Number (DCN)]</b> EMC v.6.0 Reference: <b>Record Type 31 Field No. 14 (Sequence 01-03)</b>
			<b>FY</b>	<b>Claim Office Number</b>
			<b>NF</b>	<b>National Association of Insurance Commissioners (NAIC) Code</b>  CODE SOURCE <b>245</b> : National Association of Insurance Commissioners (NAIC) Code
			<b>TJ</b>	<b>Federal Taxpayer's Identification Number</b>
<b>REQUIRED</b>	<b>REF02</b>	<b>127</b>	<b>Reference Identification</b>	<b>X AN 1/50</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  OD: 837A1_2330B_REF02__OtherPayerSecondaryIdentifier  SYNTAX: R0203
<b>NOT USED</b>	<b>REF03</b>	<b>352</b>	<b>Description</b>	<b>X 1 AN 1/80</b>
<b>NOT USED</b>	<b>REF04</b>	<b>C040</b>	<b>REFERENCE IDENTIFIER</b>	<b>O 1</b>

IMPLEMENTATION

## OTHER PAYER PATIENT INFORMATION

Loop: 2330C — OTHER PAYER PATIENT INFORMATION Repeat: 1

Usage: SITUATIONAL

Repeat: 1

Loop OD: 837A1\_2330C

Segment OD: 837A1\_2330C\_NM1

- Notes:
1. Required when it is necessary to send one or more payer-specific patient identification numbers. The patient identification number(s) carried in this iteration of the 2330C loop are those patient ID's which belong to secondary or tertiary payers. The patients ID(s) for the primary payer are carried in the 2010CA loop NM1 and REF segments.
  2. Because the usage of this segment is "Situational" this is not a syntactically required loop. If this loop is used, then this segment is a "Required" segment. See Appendix A for further details on ASC X12 nomenclature.

Example: NM1\*QC\*1\*\*\*\*\*EI\*128848726~

STANDARD

### NM1 Individual or Organizational Name

Level: Detail

Position: 3250

Loop: 2330 Repeat: 10

Requirement: Optional

Max Use: 1

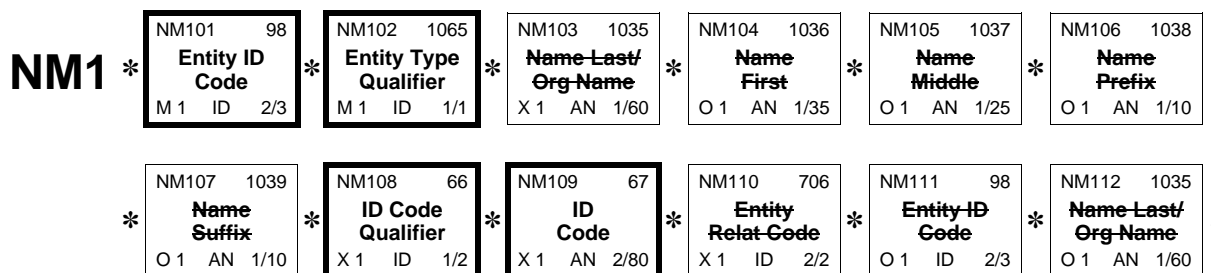
Purpose: To supply the full name of an individual or organizational entity

Set Notes:

1. Segments NM1-N4 contain name and address information of the insurance carriers referenced in loop 2320.

- Syntax:
1. **P0809**  
If either NM108 or NM109 is present, then the other is required.
  2. **C1110**  
If NM111 is present, then NM110 is required.
  3. **C1203**  
If NM112 is present, then NM103 is required.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual  od: 837A1_2330C_NM101__EntityIdentifierCode	M	ID	2/3
			CODE	DEFINITION		
			QC	Patient		
REQUIRED	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity  od: 837A1_2330C_NM102__EntityTypeQualifier  SEMANTIC: NM102 qualifies NM103.	M	ID	1/1
			CODE	DEFINITION		
			1	Person		
NOT USED	NM103	1035	<b>Name Last or Organization Name</b>	X 1	AN	1/60
NOT USED	NM104	1036	<b>Name First</b>	O 1	AN	1/35
NOT USED	NM105	1037	<b>Name Middle</b>	O 1	AN	1/25
NOT USED	NM106	1038	<b>Name Prefix</b>	O 1	AN	1/10
NOT USED	NM107	1039	<b>Name Suffix</b>	O 1	AN	1/10
REQUIRED	NM108	66	<b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67)  od: 837A1_2330C_NM108__IdentificationCodeQualifier  SYNTAX: P0809	X	ID	1/2
			CODE	DEFINITION		
			34	Social Security Number		
			EI	Employee Identification Number		

			<b>MI</b>	<b>Member Identification Number</b>  The code MI is intended to be the subscriber's identification number as assigned by the payer. Payers use different terminology to convey the same number, therefore, the 837 Institutional Workgroup recommends using MI - Member Identification Number to convey the following terms: Insured's ID, Subscriber's ID, Medicaid Recipient ID, Health Insurance Claim Number (HIC), etc.		
<b>REQUIRED</b>	<b>NM109</b>	<b>67</b>	<b>Identification Code</b> Code identifying a party or other code  OD: 837A1_2330C_NM109__OtherPayerPatientPrimaryIdentifier  <i>ALIAS: Patient's Other Payer Primary Identification Number</i>  SYNTAX: P0809	<b>X</b>	<b>AN</b>	<b>2/80</b>
<b>NOT USED</b>	<b>NM110</b>	<b>706</b>	<b>Entity Relationship Code</b>	<b>X 1</b>	<b>ID</b>	<b>2/2</b>
<b>NOT USED</b>	<b>NM111</b>	<b>98</b>	<b>Entity Identifier Code</b>	<b>O 1</b>	<b>ID</b>	<b>2/3</b>
<b>NOT USED</b>	<b>NM112</b>	<b>1035</b>	<b>Name Last or Organization Name</b>	<b>O 1</b>	<b>AN</b>	<b>1/60</b>

IMPLEMENTATION

## OTHER PAYER PATIENT IDENTIFICATION NUMBER

Loop: 2330C — OTHER PAYER PATIENT INFORMATION

Usage: SITUATIONAL

Repeat: 3

Segment OD: 837A1\_2330C\_REF

Example: REF\*AZ\*B333-Y5~

STANDARD

### REF Reference Identification

Level: Detail

Position: 3550

Loop: 2330

Requirement: Optional

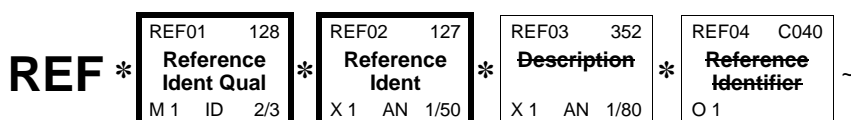
Max Use: >1

Purpose: To specify identifying information

Syntax: 1. R0203

At least one of REF02 or REF03 is required.

DIAGRAM



ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification  OD: 837A1_2330C_REF01__ReferenceIdentificationQualifier	M	ID	2/3
			CODE	DEFINITION		
			1W	Member Identification Number If NM108 = MI, this qualifier cannot be used.		
			IG	Insurance Policy Number		
			SY	Social Security Number		



<b>REQUIRED</b>	REF02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  od: 837A1_2330C_REF02__OtherPayerPatientSecondaryIdentifier  SYNTAX: R0203	<b>X</b>	<b>AN</b>	<b>1/50</b>
<b>NOT USED</b>	REF03	352	<b>Description</b>	<b>X 1</b>	<b>AN</b>	<b>1/80</b>
<b>NOT USED</b>	REF04	C040	<b>REFERENCE IDENTIFIER</b>	<b>O 1</b>		

## IMPLEMENTATION

## SERVICE LINE NUMBER

Loop: 2400 — SERVICE LINE NUMBER Repeat: 999

Usage: REQUIRED

Repeat: 1

Loop OD: 837A1\_2400

Segment OD: 837A1\_2400\_LX

- Notes:
1. The Service Line LX segment begins with 1 and is incremented by one for each additional service line of a claim. The LX functions as a line counter.
  2. The data in the LX is not returned in the 835 (Remittance Advice) transaction. It is used to indicate bundling/unbundling in SVC06.
  3. Because this is a required segment, this is a required loop. See Appendix A for further details on ASC X12 nomenclature.

Example: LX\*1~

## STANDARD

**LX** Assigned Number

Level: Detail

Position: 3650

Loop: 2400 Repeat: &gt;1

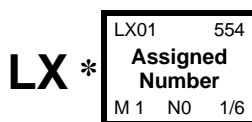
Requirement: Optional

Max Use: 1

Purpose: To reference a line number in a transaction set

Set Notes: 1. Loop 2400 contains Service Line information.

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	LX01	554	<b>Assigned Number</b> Number assigned for differentiation within a transaction set  OD: 837A1_2400_LX01__AssignedNumber  <b>This is the service line number. Begin with 1 and increment by 1 for each new LX segment within a claim.</b>	M	N0	1/6

IMPLEMENTATION

## INSTITUTIONAL SERVICE LINE

Loop: 2400 — SERVICE LINE NUMBER

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1\_2400\_SV2

Notes: 1. This segment is required for inpatient claims or outpatient or other claims that require procedure or drug information to be reported for claim adjudication.

Example: SV2\*300\*HC:80019\*73.42\*UN\*1~

Example: SV2\*120\*\*1500\*DA\*5\*300~

STANDARD

### SV2 Institutional Service

Level: Detail

Position: 3750

Loop: 2400

Requirement: Optional

Max Use: 1

Purpose: To specify the claim service detail for a Health Care institution

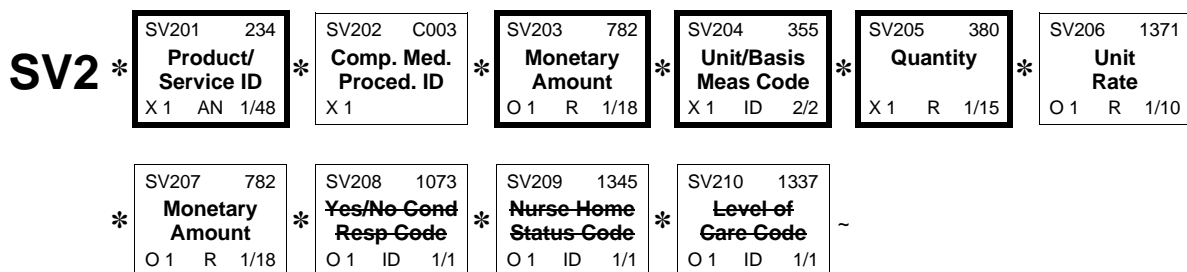
Syntax: 1. R0102

At least one of SV201 or SV202 is required.

2. P0405

If either SV204 or SV205 is present, then the other is required.

DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES						
REQUIRED	SV201	234	<b>Product/Service ID</b> Identifying number for a product or service  od: 837A1_2400_SV201__ServiceLineRevenueCode  SYNTAX: R0102  SEMANTIC: SV201 is the revenue code.  <b>UB-92 Reference [UB-92 Name]:</b> <b>42 [Revenue Code]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 50 Field No. 4, 11, 12, 13</b> <b>Record Type 60 Field No. 4, 13, 14</b> <b>Record Type 61 Field No. 4, 14, 15</b>  <b>See Code Source 132: National Uniform Billing Committee (NUBC) Codes.</b>	X	AN	1/48				
SITUATIONAL	SV202	C003	<b>COMPOSITE MEDICAL PROCEDURE IDENTIFIER</b> To identify a medical procedure by its standardized codes and applicable modifiers  od: 837A1_2400_SV202_C003  <i>ALIAS: Service Line Procedure Code</i>  <b>UB-92 Reference [UB-92 Name]:</b> <b>44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]</b>  <b>This data element is required for all Outpatient claims when the information is available on data source information systems.</b>	X	1					
REQUIRED	SV202 - 1	235	<b>Product/Service ID Qualifier</b> Code identifying the type/source of the descriptive number used in Product/Service ID (234)  od: 837A1_2400_SV202_C00301_ProductorServiceIDQualifier	M	ID	2/2				
			<table><tr><th>CODE</th><th>DEFINITION</th></tr><tr><td>HC</td><td><b>Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes</b>  <b>Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.</b>  CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System</td></tr></table>	CODE	DEFINITION	HC	<b>Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes</b>  <b>Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.</b>  CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System			
CODE	DEFINITION									
HC	<b>Health Care Financing Administration Common Procedural Coding System (HCPCS) Codes</b>  <b>Because the AMA's CPT codes are also level 1 HCPCS codes, they are reported under HC.</b>  CODE SOURCE 130: Health Care Financing Administration Common Procedural Coding System									
REQUIRED	SV202 - 2	234	<b>Product/Service ID</b> Identifying number for a product or service  od: 837A1_2400_SV202_C00302_ProcedureCode  <i>ALIAS: HCPCS Procedure Code</i>  <b>UB-92 Reference [UB-92 Name]:</b> <b>44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]</b>	M	AN	1/48				

			<b>EMC v.6.0 Reference:</b>
			<b>Record Type 60 Field No. 5, 13, 14</b>
			<b>Record Type 61 Field No. 5, 14, 15</b>
<b>SITUATIONAL</b>	<b>SV202 - 3</b>	<b>1339</b>	<b>Procedure Modifier</b> <b>O AN 2/2</b> This identifies special circumstances related to the performance of the service, as defined by trading partners  od: 837A1_2400_SV202_C00303_ProcedureModifier  <i>ALIAS: HCPCS Modifier 1</i> <b>UB-92 Reference [UB-92 Name]:</b> <b>44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]</b>
			<b>EMC v.6.0 Reference:</b>
			<b>Record Type 60 Field No. 9, 13, 14</b>
			<b>Record Type 61 Field No. 10, 14, 15</b>
			<b>Use this modifier for the first procedure code modifier.</b>
			<b>This data element is required when the Provider needs to convey additional clarification for the associated procedure code.</b>
<b>SITUATIONAL</b>	<b>SV202 - 4</b>	<b>1339</b>	<b>Procedure Modifier</b> <b>O AN 2/2</b> This identifies special circumstances related to the performance of the service, as defined by trading partners  od: 837A1_2400_SV202_C00304_ProcedureModifier  <i>ALIAS: HCPCS Modifier 2</i> <b>UB-92 Reference [UB-92 Name]:</b> <b>44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]</b>
			<b>EMC v.6.0 Reference:</b>
			<b>Record Type 60 Field No. 7, 13, 14</b>
			<b>Record Type 61 Field No. 7, 14, 15</b>
			<b>Use this modifier for the second procedure code modifier.</b>
			<b>See SV202-3</b>
<b>SITUATIONAL</b>	<b>SV202 - 5</b>	<b>1339</b>	<b>Procedure Modifier</b> <b>O AN 2/2</b> This identifies special circumstances related to the performance of the service, as defined by trading partners  od: 837A1_2400_SV202_C00305_ProcedureModifier  <i>ALIAS: HCPCS Modifier 3</i> <b>UB-92 Reference [UB-92 Name]:</b> <b>44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]</b>
			<b>See SV202-3</b>
<b>SITUATIONAL</b>	<b>SV202 - 6</b>	<b>1339</b>	<b>Procedure Modifier</b> <b>O AN 2/2</b> This identifies special circumstances related to the performance of the service, as defined by trading partners  od: 837A1_2400_SV202_C00306_ProcedureModifier  <i>ALIAS: HCPCS Modifier 4</i>

## UB-92 Reference [UB-92 Name]:

44 (HCPCS) [HCPCS/Rates/HIPPS Rate Codes]

See SV202-3

NOT USED	SV202 - 7	352	Description	O	AN	1/80
REQUIRED	SV203	782	Monetary Amount	O	R	1/18

OD: 837A1\_2400\_SV203\_\_LineItemChargeAmount

ALIAS: **Service Line Charge Amount**

SEMANTIC: SV203 is a submitted charge amount.

## UB-92 Reference [UB-92 Name]:

47 [Total Charges (by Revenue Code Category)]

## EMC v.6.0 Reference:

Record Type 50 Field No. 7, 11, 12, 13

Record Type 60 Field No. 9, 13, 14

Record Type 61 Field No. 10, 14, 15

Use this amount to indicate the submitted charge amount.

REQUIRED	SV204	355	Unit or Basis for Measurement Code	X	ID	2/2
----------	-------	-----	------------------------------------	---	----	-----

Code specifying the units in which a value is being expressed, or manner in which a measurement has been taken

OD: 837A1\_2400\_SV204\_\_UnitorBasisforMeasurementCode

SYNTAX: P0405

CODE	DEFINITION
DA	Days
UN	Unit

REQUIRED	SV205	380	Quantity	X	R	1/15
----------	-------	-----	----------	---	---	------

Numeric value of quantity

OD: 837A1\_2400\_SV205\_\_ServiceUnitCount

ALIAS: **Service Line Units**

SYNTAX: P0405

## UB-92 Reference [UB-92 Name]:

46 [Units of Service]

## EMC v.6.0 Reference:

Record Type 50 Field No. 6, 11, 12, 13

Record Type 60 Field No. 8, 13, 14

Record Type 61 Field No. 8, 14, 15

<b>SITUATIONAL</b>	<b>SV206</b>	<b>1371</b>	<b>Unit Rate</b> The rate per unit of associate revenue for hospital accommodation  OD: 837A1_2400_SV206__ServiceLineRate  <i>ALIAS: Service Line Rate Amount</i> <b>UB-92 Reference [UB-92 Name]:</b> <b>44 ("RATES") [HCPCS/Rates/HIPPS Rate Codes]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 50 Field No. 5, 11, 12, 13</b>  <b>This data element is required when the associated revenue code is 100-219.</b>	<b>O</b>	<b>R</b>	<b>1/10</b>
<b>SITUATIONAL</b>	<b>SV207</b>	<b>782</b>	<b>Monetary Amount</b> Monetary amount  OD: 837A1_2400_SV207__LineItemDeniedChargeorNonCoveredChargeAmount  <i>ALIAS: Service Line Non-Covered Charge Amount</i>  <i>SEMANTIC: SV207 is a noncovered charge amount.</i> <b>UB-92 Reference [UB-92 Name]:</b> <b>48 [Non-Covered Charges]</b>  <b>EMC v.6.0 Reference:</b> <b>Record Type 50 Field No. 8, 11, 12, 13</b> <b>Record Type 60 Field No. 10, 13, 14</b> <b>Record Type 61 Field No. 11, 14, 15</b>  <b>Use this amount if needed to report line specific non-covered charge amount.</b>	<b>O</b>	<b>R</b>	<b>1/18</b>
<b>NOT USED</b>	<b>SV208</b>	<b>1073</b>	<b>Yes/No Condition or Response Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>SV209</b>	<b>1345</b>	<b>Nursing Home Residential Status Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/1</b>
<b>NOT USED</b>	<b>SV210</b>	<b>1337</b>	<b>Level of Care Code</b>	<b>O 1</b>	<b>ID</b>	<b>1/1</b>

## IMPLEMENTATION

## SERVICE LINE DATE

Loop: 2400 — SERVICE LINE NUMBER

Usage: SITUATIONAL

Repeat: 1

Segment OD: 837A1\_2400\_DTP

- Notes:
1. Required on outpatient claims when revenue, procedure, HIEC or drug codes are reported in the SV2 segment.
  2. In cases where a drug is being billed on a service line, the Date of Service DTP may be used to indicate the range of dates through which the drug will be used by the patient. Use RD8 for this purpose.
  3. In cases where a drug is being billed on a service line, the Date of Service DTP is used to indicate the date the prescription was written (or otherwise communicated by the prescriber if not written).

Example: DTP\*472\*D8\*19960819~

## STANDARD

## DTP Date or Time or Period

Level: Detail

Position: 4550

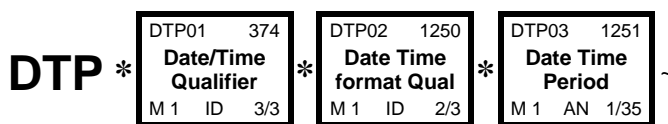
Loop: 2400

Requirement: Optional

Max Use: 15

Purpose: To specify any or all of a date, a time, or a time period

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES		
REQUIRED	DTP01	374	<b>Date/Time Qualifier</b> Code specifying type of date or time, or both date and time  od: 837A1_2400_DTP01__DateTimeQualifier	M	ID	3/3
			CODE	DEFINITION		
			472	Service  Use RD8 in DTP02 if it is necessary to indicate begin/end for from/to statement dates.		



<b>REQUIRED</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M</b>	<b>ID</b>	<b>2/3</b>
Code indicating the date format, time format, or date and time format						

OD: 837A1\_2400\_DTP02\_\_DateTimePeriodFormatQualifier

SEMANTIC: DTP02 is the date or time or period format that will appear in DTP03.

CODE	DEFINITION
<b>D8</b>	<b>Date Expressed in Format CCYYMMDD</b>
<b>RD8</b>	<b>Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD</b>  Use RD8 if it is necessary to indicate begin/end dates. Date range indicates drug duration for which the supply of drug be will used by the patient. The difference in dates, including both the begin and end dates, are the days supply of the drug.  Example: 20000101 - 20000107 (1/1/00 to 1/7/00) is used for a 7 day supply where the first day of the drug used by the patient is 1/1/00. In the event a drug is administered on less than a daily basis (e.g., every other day) the date range would include the entire period during which the drug was supplied, including the last day the drug was used.  Example: 20000101 - 20000108 (1/1/00 to 1/8/00) is used for an 8 days supply where the prescription is written for Q48 (every 48 hours), four doses of the drug are dispensed and the first dose is used on 1/1/00.

<b>REQUIRED</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M</b>	<b>AN</b>	<b>1/35</b>
Expression of a date, a time, or range of dates, times or dates and times						

OD: 837A1\_2400\_DTP03\_\_ServiceDate

**EMC Reference:**

60 Field No. 12, 13, 14

61 Field No. 9, 13, 15

**UB-92 Reference [UB-92 Name]:**

45 [Service Date]

## IMPLEMENTATION

## TRANSACTION SET TRAILER

Usage: REQUIRED

Repeat: 1

Segment OD: 837A1\_\_SE

Example: SE\*1230\*987654~

## STANDARD

## SE Transaction Set Trailer

Level: Detail

Position: 5550

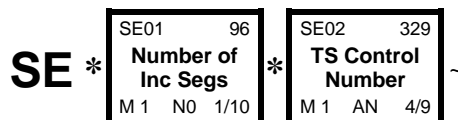
Loop: \_\_\_\_\_

Requirement: Mandatory

Max Use: 1

**Purpose:** To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

## DIAGRAM



## ELEMENT SUMMARY

USAGE	REF. DES.	DATA ELEMENT	NAME	ATTRIBUTES
REQUIRED	SE01	96	<b>Number of Included Segments</b> Total number of segments included in a transaction set including ST and SE segments  OD: 837A1__SE01__TransactionSegmentCount	M NO 1/10
REQUIRED	SE02	329	<b>Transaction Set Control Number</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set  OD: 837A1__SE02__TransactionSetControlNumber  <b>SE02 must match ST02.</b>	M AN 4/9

# C External Code Sources

## 5 Countries, Currencies and Funds

### SIMPLE DATA ELEMENT/CODE REFERENCES

26, 100, 1715, 66/38, 235/CH, 955/SP

### SOURCE

Codes for Representation of Names of Countries, ISO 3166-(Latest Release)  
Codes for Representation of Currencies and Funds, ISO 4217-(Latest Release)

### AVAILABLE FROM

American National Standards Institute  
11 West 42nd Street, 13th Floor  
New York, NY 10036

### ABSTRACT

Part 1 (Country codes) of the ISO 3166 international standard establishes codes that represent the current names of countries, dependencies, and other areas of special geopolitical interest, on the basis of lists of country names obtained from the United Nations. Part 2 (Country subdivision codes) establishes a code that represents the names of the principal administrative divisions, or similar areas, of the countries, etc. included in Part 1. Part 3 (Codes for formerly used names of countries) establishes a code that represents non-current country names, i.e., the country names deleted from ISO 3166 since its first publication in 1974. Most currencies are those of the geopolitical entities that are listed in ISO 3166 Part 1, Codes for the Representation of Names of Countries. The code may be a three-character alphabetic or three-digit numeric. The two leftmost characters of the alphabetic code identify the currency authority to which the code is assigned (using the two character alphabetic code from ISO 3166 Part 1, if applicable). The rightmost character is a mnemonic derived from the name of the major currency unit or fund. For currencies not associated with a single geographic entity, a specially-allocated two-character alphabetic code, in the range XA to XZ identifies the currency authority. The rightmost character is derived from the name of the geographic area concerned, and is mnemonic to the extent possible. The numeric codes are identical to those assigned to the geographic entities listed in ISO 3166 Part 1. The range 950-998 is reserved for identification of funds and currencies not associated with a single entity listed in ISO 3166 Part 1.

## 22 States and Outlying Areas of the U.S.

### SIMPLE DATA ELEMENT/CODE REFERENCES

156, 66/SJ, 235/A5, 771/009

### SOURCE

National Zip Code and Post Office Directory

### AVAILABLE FROM

U.S. Postal Service  
National Information Data Center  
P.O. Box 2977  
Washington, DC 20013

51

**ABSTRACT**

Provides names, abbreviations, and codes for the 50 states, the District of Columbia, and the outlying areas of the U.S. The entities listed are considered to be the first order divisions of the U.S. Microfiche available from NTIS (same as address above). The Canadian Post Office lists the following as "official" codes for Canadian Provinces: AB - Alberta BC - British Columbia MB - Manitoba NB - New Brunswick NF - Newfoundland NS - Nova Scotia NT - North West Territories ON - Ontario PE - Prince Edward Island PQ - Quebec SK - Saskatchewan YT - Yukon

**ZIP Code**

**SIMPLE DATA ELEMENT/CODE REFERENCES**

116, 66/16, 309/PQ, 309/PR, 309/PS, 771/010

**SOURCE**

National ZIP Code and Post Office Directory, Publication 65

The USPS Domestic Mail Manual

**AVAILABLE FROM**

U.S Postal Service  
Washington, DC 20260

New Orders  
Superintendent of Documents  
P.O. Box 371954  
Pittsburgh, PA 15250-7954

**ABSTRACT**

The ZIP Code is a geographic identifier of areas within the United States and its territories for purposes of expediting mail distribution by the U.S. Postal Service. It is five or nine numeric digits. The ZIP Code structure divides the U.S. into ten large groups of states. The leftmost digit identifies one of these groups. The next two digits identify a smaller geographic area within the large group. The two rightmost digits identify a local delivery area. In the nine-digit ZIP Code, the four digits that follow the hyphen further subdivide the delivery area. The two leftmost digits identify a sector which may consist of several large buildings, blocks or groups of streets. The rightmost digits divide the sector into segments such as a street, a block, a floor of a building, or a cluster of mailboxes. The USPS Domestic Mail Manual includes information on the use of the new 11-digit zip code.

130

**Health Care Financing Administration Common  
Procedural Coding System**

**SIMPLE DATA ELEMENT/CODE REFERENCES**

235/HC, 1270/BO, 1270/BP

**SOURCE**

Health Care Finance Administration Common Procedural Coding System

**AVAILABLE FROM**

Health Care Financing Administration  
6325 Security Boulevard  
Baltimore, MD 21207

131

**ABSTRACT**

HCPCS is Health Care Finance Administration's (HFCA) coding scheme to group procedures performed for payment to providers.

**International Classification of Diseases Clinical Mod  
(ICD-9-CM) Procedure**

**SIMPLE DATA ELEMENT/CODE REFERENCES**

128/ICD, 235/DX, 235/ID, 1270/BF, 1270/BJ, 1270/BK, 1270/BN, 1270/BQ,  
1270/BR, 1270/DD, 1270/SD, 1270/TD, 1270/AAU, 1270/AAV, 1270/AAX

**SOURCE**

International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM)

**AVAILABLE FROM**

U.S. National Center for Health Statistics  
Commission of Professional and Hospital Activities  
1968 Green Road  
Ann Arbor, MI 48105

**ABSTRACT**

The International Classification of Diseases, 9th Revision, Clinical Modification, describes the classification of morbidity and mortality information for statistical purposes and for the indexing of hospital records by disease and operations.

132

**National Uniform Billing Committee (NUBC) Codes**

**SIMPLE DATA ELEMENT/CODE REFERENCES**

235/NU, 235/RB, 1270/BE, 1270/BG, 1270/BH, 1270/BI

**SOURCE**

National Uniform Billing Data Element Specifications

**AVAILABLE FROM**

National Uniform Billing Committee  
American Hospital Association  
One North Franklin  
Chicago, IL 60606

**ABSTRACT**

Revenue codes are a classification of hospital charges in a standard grouping that is controlled by the National Uniform Billing Committee.

229

**Diagnosis Related Group Number (DRG)**

**SIMPLE DATA ELEMENT/CODE REFERENCES**

1354, 1270/DR

**SOURCE**

Federal Register and Health Insurance Manual 15 (HIM 15)

**230**

**AVAILABLE FROM**

Superintendent of Documents  
U.S. Government Printing Office  
Washington, DC 20402

**ABSTRACT**

A patient classification scheme that clusters patients into categories on the basis of patient's illness, diseases, and medical problems.

**Admission Source Code**

**SIMPLE DATA ELEMENT/CODE REFERENCES**

1314

**SOURCE**

National Uniform Billing Data Element Specifications

**AVAILABLE FROM**

National Uniform Billing Committee  
American Hospital Association  
One North Franklin  
Chicago, IL 60606

**ABSTRACT**

A variety of codes explaining who recommended admission to a medical facility.

**231**

**Admission Type Code**

**SIMPLE DATA ELEMENT/CODE REFERENCES**

1315

**SOURCE**

National Uniform Billing Data Element Specifications

**AVAILABLE FROM**

National Uniform Billing Committee  
American Hospital Association  
One North Franklin  
Chicago, IL 60606

**ABSTRACT**

A variety of codes explaining the priority of the admission to a medical facility.

**235**

**Claim Frequency Type Code**

**SIMPLE DATA ELEMENT/CODE REFERENCES**

1325

**SOURCE**

National Uniform Billing Data Element Specifications Type of Bill Position 3

**AVAILABLE FROM**

National Uniform Billing Committee  
American Hospital Association  
One North Franklin  
Chicago, IL 60606

**236**

**ABSTRACT**

A variety of codes explaining the frequency of the bill submission.

**Uniform Billing Claim Form Bill Type**

**SIMPLE DATA ELEMENT/CODE REFERENCES**

1332/A

**SOURCE**

National Uniform Billing Data Element Specifications Type of Bill Positions 1 and 2

**AVAILABLE FROM**

National Uniform Billing Committee  
American Hospital Association  
One North Franklin  
Chicago, IL 60606

**ABSTRACT**

A variety of codes describing the type of medical facility.

**239**

**Patient Status Code**

**SIMPLE DATA ELEMENT/CODE REFERENCES**

1352

**SOURCE**

National Uniform Billing Data Element Specifications

**AVAILABLE FROM**

National Uniform Billing Committee  
American Hospital Association  
One North Franklin  
Chicago, IL 60606

**ABSTRACT**

A variety of codes indicating patient status as of the statement covers through date.

**245**

**National Association of Insurance Commissioners  
(NAIC) Code**

**SIMPLE DATA ELEMENT/CODE REFERENCES**

128/NF

**SOURCE**

National Association of Insurance Commissioners Company Code List Manual

**AVAILABLE FROM**

National Association of Insurance Commission Publications Department  
12th Street, Suite 1100  
Kansas City, MO 64105-1925

**ABSTRACT**

Codes that uniquely identify each insurance company.

## **513 Home Infusion EDI Coalition (HIEC) Product/Service Code List**

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

235/IV, 1270/HO

### **SOURCE**

Home Infusion EDI Coalition (HIEC) Coding System

### **AVAILABLE FROM**

HIEC Chairperson  
HIBCC (Health Industry Business Communications Council)  
5110 North 40th Street  
Suite 250  
Phoenix, AZ 85018

### **ABSTRACT**

This list contains codes identifying home infusion therapy products/services.

## **540 Health Care Financing Administration National PAYERID**

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

66/XV

### **SOURCE**

PAYERID Database

### **AVAILABLE FROM**

Health Care Financing Administration Bureau of Program Operations Chief, Benefit Coordination  
S1-03-08  
7500 Security Boulevard  
Baltimore, MD 21244-1850

### **ABSTRACT**

The Health Care Financing Administration has joined with other payers to develop a unique national payer identification number. The Health Care Financing Administration is the authorizing agent for enumerating payers through the services of a PAYERID Registrar. It may also be used by other payers on a voluntary basis.

## **641 Condition Code List**

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

1270/BG

### **SOURCE**

Condition Code List

### **AVAILABLE FROM**

EDI Administrator  
Dun & Bradstreet Corp.  
100 Locust Avenue  
Berkely Heights, NJ 07922



**843**

**ABSTRACT**

Provides condition codes and descriptions relating to business entities or individuals involved in business entities.

**Complimentary, Alternative, or Holistic Procedure Codes**

**SIMPLE DATA ELEMENT/CODE REFERENCES**

235/WK, 1270/CAH

**SOURCE**

Complimentary Alternative Medicine Coding Manual

**AVAILABLE FROM**

Alternative Link  
1065 South Main Building C  
Las Cruces, NM 88005

**ABSTRACT**

The manual contains descriptive terms and identifying codes for reporting complimentary, alternative, or holistic procedures, services, supplies, or remedies used in providing health care.

**859**

**Classification of Race or Ethnicity**

**SIMPLE DATA ELEMENT/CODE REFERENCES**

1270/RET

**SOURCE**

Classification of Race or Ethnicity

**AVAILABLE FROM**

Health Information and Surveillance Systems Board  
Centers for Disease Control and Prevention  
Mailstop C08  
1600 Clifton Road, NE  
Atlanta, Georgia 30333

**ABSTRACT**

The Classification of Race or Ethnicity provides a detailed, hierarchical classification of race and ethnicity that complies with the U.S. Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity and is consistent with the classification of race and ethnicity used by the U.S. Bureau of the Census.

**860**

## **Race or Ethnicity Collection Code**

### **SIMPLE DATA ELEMENT/CODE REFERENCES**

1270/REC

### **SOURCE**

Race or Ethnicity Collection Code

### **AVAILABLE FROM**

Health Information and Surveillance Systems Board  
Centers for Disease Control and Prevention  
Mailstop C08  
1600 Clifton Road, NE  
Atlanta, Georgia 30333

### **ABSTRACT**

The Race or Ethnicity Collection code provides a method of describing how information on race or ethnicity is collected in various data gathering systems.